# Kentucky
# Data Coordinator's Manual
# For
# Ambulatory Facilities

Revised
October 31, 2011

Data Collection Help Desk
1-888-992-4320

www.KYIPOP.org

# Contents

## KY IPOP Data Coordinator's Manual for Ambulatory Facilities Highlights of Changes

**The following changes were made to this version of the manual.**

- Revised date October 31, 2011
- File Formats
  - Payer Mapping Codes page 18, page 40 - 41
    - Adding New Payer Codes
      - Kentucky Spirit Health Plan – 98990
      - Coventry Cares of Kentucky – 98970
      - WellCare of Kentucky – 98980
      - VA – 98925
      - Auto Insurance – 98926
      - Other Facility - 98927

# What is Kentucky IPOP?

Kentucky Inpatient Outpatient Data Collection System (KY IPOP) is an online system that securely allows for the submission, collection, and editing of all inpatient and outpatient case level data from facilities, as required by statute and administrative regulation, to the Commonwealth of Kentucky.

The Kentucky IPOP data collection system is to include all outpatient visits to Kentucky hospitals and related facilities.  Outpatient is defined as any patient visit that is not considered inpatient.  Patient accounts that should be included are outpatient surgery, observation care, emergency department, mammography (screening and diagnostic), CT scan, MRI, PET, radiation therapy, and cardiac catheterization (diagnostic and therapeutic) and any other procedure codes as specified in the regulation.

Kentucky IPOP data collection system will begin collecting 2010 third calendar quarter (having a discharge date greater than or equal to July 1, 2010) for all required outpatient cases.  Use this manual to guide you through the IPOP system.

The most critical component for utilizing information is the data from which the information is derived.  The integrity and usefulness of the KHA Kentucky IPOP information are based on the accurate and complete reporting of the data from each individual facility.

# State Mandates and Data Uses

This manual was developed according to mandated data reporting requirements set forth in the following statues and regulations:

- KRS 216.2920-2929 which authorizes the Kentucky Cabinet for Health and Family Services to collect and analyze health care data contained on claims documents.
  - o Data reporting requirements have been approved by the Cabinet, and are published as Administrative Regulation 900 KAR 7:030.
  - o Data is used to develop the Cabinet's mandated legislative reports and public information focusing on the cost, quality, and outcomes of health services provided in the Commonwealth.
  - o Used to support different health related programs:
    - Office of Health Policy's work on health care Policy
    - Quality and outcomes reporting to the legislature
    - Department of Public Health
  - o Data reporting regulations can be obtained at www.lrc.state.ky.us/KAR/title900htm.

# KENTUCKY IPOP Data Coordinator Guidelines

Each data coordinator will be responsible for submitting, correcting, and monitoring their facility's data for inclusion in the KENTUCKY IPOP database as outlined in this manual. The Data Coordinator should review the Kentucky IPOP Manual, and address any questions with KHA staff at HELP LINE or Website Address prior to any data submission.

- Each facility will designate a primary and secondary (backup) Data Coordinator.
- Inform Kentucky Hospital Association of personnel changes.
- Discuss your data reporting needs with the appropriate staff members at your facility, to ensure that the various departments within your organization understand their part in the process.
- A facility that utilizes a vendor for claims processing may request a username and password for the vendor.

# Data Submission Highlights

Facilities submit data directly to Kentucky Hospital Association using KENTUCKY IPOP, in one of the file layouts specified in this manual.

- Quarterly deadlines will be established for the submission of data.
- Facilities will be notified of the data submission deadlines in advance, and will also receive submission deadline reminders via email.
- The method of data submission is via KENTUCKY IPOP secure internet EFT. You must have access to the internet to send files via EFT.
- Each data batch file submitted may contain records for multiple weeks or months within a specific quarter year. Error correction does not require resubmission of the record.
- Corrections are made through our secure website though a real-time edit process. If the batch contains significant numbers of records with errors, the data coordinator may choose to delete the batch, correct the submission issue and resubmit the batch. Batches that have specific problems may be rejected by the system.

  Examples:

  - If the batch layout format has significant structural failure, the entire batch will be rejected.
  - If the patient control number or facility number is missing from the record, the entire batch will be rejected.
  - For flat file submissions, if the page number is missing, the batch will be rejected.
  - If the DNR field = P1 for over 50% of the records in the batch, the batch will be rejected.
  - For 837 file submissions, the hierarchy HL segments must have a unique ID and the HL segments must properly link.
  - If the batch contains 80% of duplicate patient control numbers the batch will be rejected.
  - The batch will reject if it contains more than 3% of records with Race of 'R9'.
  - The batch will reject if it contains more than 1% of records with Payer Code '00000'.

- No paper administrative data submission will be accepted.

# Mandatory Data Submissions (Types of data required to be submitted)

All outpatient visits to ambulatory facilities are required to be submitted to IPOP, which is collecting mandated Outpatient Observation Care (OC), Emergency Department (ED), Outpatient Surgical (OS), Mammography (MM), and Other Outpatient Procedure (OP data. It is unlikely that Ambulatory Facilities (AF) will have reportable OC or ED services. Most AF cases will fall in the OS, MM, or OP categories. Specific revenue codes and CPT® / HCPCS codes are used to determine whether or not the case should be submitted. In order to be HIPAA compliant, ambulatory facilities must have signed business associate agreement to submit the mandated Outpatient ED & OC. If you are not sure if your facility has a business associate agreement with KHA for this purpose, please contact the help line.

- **Observation Care** data will be determined based the following CPT® Codes:

| Procedure Codes | 99234, 99235, 99236 & 99217-99220<br>99224 – 99226<br>G0378-G0379 |
|---|---|

- **Emergency Department** data will be determined according to Admission Type or procedure codes. All Bill Types remain the same.

| Admission Type | | Procedure Codes |
|---|---|---|
| 1 = Emergency | OR | 99281-99288 |
| 5 = Trauma | | G0380-G0394 |

- **Outpatient Surgical, Mammography and Other Outpatient Procedure** data are to be reported according to Medicare definition, as those procedure that include incision, excision, amputation, introduction, repair, destruction, endoscopy, suture, manipulation, or imaging. This definition is consistent with the Uniform Hospital Discharge Data Set (UHDDS).
  - IPOP includes a specific range of CPT® / HCPCS procedure codes that are accepted for inclusion in our database. A patient record must contain one of the following procedure codes to qualify for inclusion in our outpatient data base.
  - Patient Accounts that should be included are:
    - Outpatient Surgery
    - Observation Care
    - Emergency Department
    - Mammography (Screening and Diagnostic)
    - CT Scan
    - MRI
    - PET
    - Radiation Therapy
    - Cardiac Catheterization (Diagnostic and Therapeutic)
    - All other procedure codes as specified in the regulation
  - All codes will be evaluated on an annual basis for possible new procedures reflection changes in CMS coding requirements and new technology


Outpatient Bill Types
- 131 – Hospital; Outpatient; Admit through Discharge Claim
- 431 – Religious Non-Medical Healthcare Institution – Hospital Inpatient; Outpatient; Admit through Discharge Claim
- 731 – Clinic; Freestanding; Admit through Discharge
- 831 – Special Facility or ASC Surgery; Freestanding; Admit through Discharge

Effective 01/01/2011

| Outpatient Surgical | | Other Outpatient Procedures | | |
|---|---|---|---|---|
| Category I and II Codes | Category III Codes | Category I Codes | | |
| 10021 - 11101 | 0016T – 0017T | 70336 | 75571 - 75574 | 92970 – 92971 |
| 11400 - 11646 | 0019T | 70450 | 75557 – 75565 | 92973 – 92975 |
| 11750 - 11752 | 0066T – 0067T | 70460 | 75635 | 92977 – 92982 |
| 11762 - 11922 | 0071T – 0072T | 70470 | 76376 – 76377 | 92984 |
| 11960 – 11983 | 0075T – 0081T | 70480 – 70482 | 76380 | 92986 – 92987 |
| 12020 – 14350 | 0084T | 70486 – 70488 | 76390 | 92990 |
| 15040 – 15847 | 0092T | 70490 – 70492 | 76497 – 76498 | 92992 – 92993 |
| 15860 – 15999 | 0095T | 70496 | 77011 – 77014 | 92995 – 92998 |
| 16020 – 28899 | 0098T – 0102T | 70498 | 77021 – 77022 | 93501 |
| 29800 – 32562 | 0123T – 0124T | 70540 | 77078 – 77079 | 93503 |
| 32601 - 32606 | 0126T | 70542 – 70549 | 77084 | 93505 |
| 32650 – 35907 | 0141T – 0151T | 70551 – 70555 | 77371 - 77373 | 93508 |
| 36145 – 36262 | 0155T – 0158T | 70557 – 70559 | 77401 – 77404 | 93510 – 93511 |
| 36475 – 36479 | 0166T – 0171T | 71250 | 77406 – 77409 | 93514 |
| 36555 – 36590 | 0176T – 0177T | 71260 | 77411 – 77414 | 93524 |
| 36595 – 36598 | 0181T – 0182T | 71270 | 77416 – 77418 | 93526 – 93533 |
| 36620 – 51101 | 0184T | 71275 | 77421 – 77423 | 93539 – 93545 |
| 51500 – 51700 | 0186T | 71550 – 71552 | 77427 | 93555 – 93556 |
| 51715 – 59020 | 0187T | 71555 | 77431 - 77432 | 93561 – 93562 |
| 59030 | 0191T – 0193T | 72125 – 72133 | 77435 | 93571 – 93572 |
| 59070 – 69210 | 0195T | 72141 – 72142 | 77470 | 93580 - 93581 |
| 69220 – 69990 | 0051T | 72146 – 72149 | 77499 | 93600 |
| 92132 - 92134 | 0163T – 0165T | 72156 – 72159 | 77520 | 93602 – 93603 |
| C1888 | 0253T – 0254T | 72191 – 72198 | 77522 – 77523 | 93609 – 93610 |
| C1730 – C1733 | 0245T – 0248T | 72292 | 77525 | 93612 – 93613 |
| C2630 | 0256T – 0259T | 73200 – 73202 | 77750 | 93615 – 93616 |
| C9724 – C9728 | 0042T | 73206 | 77761 – 77763 | 93618 – 93624 |
| C1725 | 0073T | 73218 – 73223 | 77776 – 77778 | 93631 |
| C1885 | 0196T – 0197T | 73225 | 77785 – 77787 | 93640 – 93642 |
| C8931 – C8936 | 0234T – 0238T | 73700 – 73702 | 77789 – 77790 | 93650 – 93652 |
| A4300 – A4306 | | 73706 | 77799 | 93660 |
| G0104 – G0106 | | 73718 – 73723 | 78459 | |
| G0120 – G0122 | | 73725 | 74150 | |
| G0186 | | 74160 | 78491 – 78492 | |
| G0219 | | 74170 | 78608 – 78609 | |
| G0235 | | 74175 - 74178 | 78811 – 78816 | |
| G0251-G0252 | | 74261 - 74263 | | |
| G0269 | | 74181 – 74183 | | |
| G0288 – G0291 | | 74185 | | |
| G0364 – G0365 | | | | |
| G0392 – G0393 | | | | |
| L8699 | | | | |
| Q1003 – Q1005 | | | | |
| V2785 | | | | |
| V2787 – V2788 | | | | |
| S8042 | | | | |

| Mammography |
|---|
| 77031 – 77032 |
| 77051 – 77059 |
| G0202 – G0206 |

# Data Submission Timetable

Hospitals and related ambulatory facilities are required to submit data to the Cabinet through Kentucky IPOP on a quarterly basis, at a minimum. Facilities may submit cases more frequently and KHA encourages a more frequent submission schedule.

Calendar quarters are:

> January 1 through March 31
> April 1 through June 30
> July 1 through September 30
> October 1 through December 31

- Initial submissions of Case Counts and Case Data are due no later than 45 days after the quarter close date. If the 45th day falls on a weekend or a holiday, the submission will be due on the next working day.
- Final submission for Case Counts and Case Data are due 75 days from the quarter close date. If the 75th day falls on a weekend or a holiday, the submission will be due on the next working day.

Through the above schedule, facilities are provided thirty (30) days in which to submit corrections. Submitting on a more-frequent schedule will allow facilities more lead time to identify and correct errors. A date-specific schedule will be available on the KY IPOP website.

# Late Load Policy

KHA will charge $500 per provider for each calendar quarter of data to be late loaded after a given quarter is closed (e.g. the fee to submit both inpatient and outpatient data for the same quarter would be $1,000).  The $500 fee is in effect for late loaded data for any time period (e.g. one month of data) within a closed quarter.

Data is considered a "late load" after KHA has "closed" a calendar quarter and stopped accepting data for that given quarter.

To be considered "clean" – all data must pass each KENTUCKY IPOP edit and audit prior to loading into the KENTUCKY IPOP finished databases.

Late load data will be loaded into the KENTUCKY IPOP databases at one time each month. Late loaded data that is received by the 15th of a given month will become available for access on KENTUCKY IPOP on the last business day of that same month.

The following page contains the necessary form and instructions for submitting a late load request.  The actual form is available at the KY IPOP website.

# LATE DATA LOAD SUBMISSION FORM

| Facility Information: | |
|---|---|
| Facility Name | |
| City | |
| State | |

| Facility Contact: | |
|---|---|
| Name | |
| Email Address | |
| Phone Number | |

| Person Completing Form:  __Same as Facility Contact | |
|---|---|
| Name | |
| Title | |
| Email Address | |
| Phone Number | |

**Process Type (Check Applicable):**

☐ Inpatient          ☐ Outpatient

**Data Time Period to be submitted:**

Year: [          ]          Quarter: [          ]

**Reason for Requesting Late Load:**



**Late Load for (Check One):**

☐ Entire Quarter          ☐ Specific Batch (enter batch number) [          ]

**Will monthly reported counts remain as reported? (Check One)**

☐ Yes          ☐ No (enter new count or counts)

| Month | Count |
|---|---|
| | |
| | |
| | |

| Data will be submitted to KY IPOP by: | (MM/DD/YYYY) |
|---|---|

I understand the Late Load policy and that my facility will be invoiced by KHA for a late load fee totaling _____ (*$500 per quarter per data type – IP or OP*)

| Signature: | Date: |
|---|---|

# Case Count Submission

Your facility must report the actual number of both inpatient discharges and outpatient cases for each quarter.  Please see the Discharge Case Count Online Entry section of this manual for step-by-step instructions on this process.

| Month-Year | Inpatient Reported Counts | Outpatient Surgical Reported Counts | Observation Care Reported Counts | Emergency Department Reported Counts | Mammography Reported Counts | Other Procedures Reported Counts | Total Outpatient Reported Counts |
|---|---|---|---|---|---|---|---|
| **Facility Name - Facility ID Number** | | | | | | | |
| January | | | | | | | |
| February | | | | | | | |
| March | | | | | | | |
| Q1 Total | | | | | | | |
| April | | | | | | | |
| May | | | | | | | |
| June | | | | | | | |
| Q2 Total | | | | | | | |
| July | | | | | | | |
| August | | | | | | | |
| September | | | | | | | |
| Q3 Total | | | | | | | |
| October | | | | | | | |
| November | | | | | | | |
| December | | | | | | | |
| Q4 Total | | | | | | | |

- Initial submissions of Case Counts and Case Data are due no later than 45 days after the quarter close date.  If the 45th day falls on a weekend or a holiday, the submission will be due on the next working day.
- Final submission for Case Counts and Case Data are due 75 days from the quarter close date.  If the 75th day falls on a weekend or a holiday, the submission will be due on the next working day.

Case counts may not be changed after the close of the quarter unless approved by the Office of Health Policy.  Requests for changes in case counts (without late load submission) may be made by e-mail to the KY IPOP administrator.

# Outpatient Counting Method

Data Coordinators must provide five separate monthly actual discharge counts for outpatient services. Each patient case is counted ONLY ONCE.

- Count 1 – includes all outpatient surgical cases, including Emerging Technology, regardless of whether they include ED, OC, Mammo, or OP services. OS takes primary precedence for count bucket.
- Count 2 – includes all NON-SURGICAL Outpatient Observation Care (OC) records, regardless of whether they include ED, MM, or OP services.
- Count 3 – includes all NON-SURGICAL Outpatient Emergency Dept. (ED) records, regardless of whether they include MM or OP services.
- Count 4 – includes cases that are Mammograms only or Mammograms plus Other Outpatient Procedures (OP)
- Count 5 – includes cases that contain only Other Procedures (OP)

| Services Provided | OS Count | OC Only Count | ED Only Count | Mammo Count | OP Count |
|---|---|---|---|---|---|
| OS | X | | | | |
| OS, ED & OC | X | | | | |
| OS & Mammo | X | | | | |
| OS & OP | X | | | | |
| OS, Mammo, OP | X | | | | |
| OS, ED, OC Mammo, OP | X | | | | |
| OC | | X | | | |
| OC & ED | | X | | | |
| OC, ED, Mammo | | X | | | |
| OC, ED, Mammo & OP | | X | | | |
| OC & Mammo | | X | | | |
| OC, ED, OP | | X | | | |
| OC & OP | | X | | | |
| ED | | | X | | |
| ED & Mammo | | | X | | |
| ED, Mammo, OP | | | X | | |
| ED & OP | | | X | | |
| Mammo | | | | X | |
| Mammo & OP | | | | X | |
| | | | | | |
| OP | | | | | X |

Each time an account is created that is counted as 1 case no matter how many visits the patient is seen for. If the account is created then discharged and the patient returns and a new account are created that would be counted as 2 cases. If the patient was admitted as an inpatient as a result of an outpatient service, the patient is considered an inpatient admission.

# Facility Verification Information

Each quarter, facilities will be asked to verify key information before the edited data can be final-submitted.  The following information will be present on a verification screen:

- Data Collection ID (21xxxxxx or KASxxx)
- Facility Name
- Facility License Number
- Facility NPI (primary facility ID used in the data submission)
- Facility Mailing Address
- City, State ZIP Code
- Administrator (CEO) Name
- Administrator (CEO) Telephone Number
- Administrator (CEO) Fax
- Administrator (CEO) E-mail
- Primary Data Coordinator Name
- Primary Data Coordinator Telephone Number
- Primary Data Coordinator Fax
- Primary Data Coordinator E-mail
- Secondary Data Coordinator Name
- Secondary Data Coordinator Telephone Number
- Secondary Data Coordinator Fax
- Secondary Data Coordinator E-mail

The facility is required to verify these elements and submit any changes to KHA.  The verification screen will have a link to submit corrections.

A form for initial submission of the information is available at the KY IPOP website and is shown on the next page.

**Facility General Information (please print):**

| Facility Information | | | | | |
|---|---|---|---|---|---|
| | Facility Name | | | | |
| | Facility License # | | KY IPOP Facility Data Collection ID # | | |
| | Facility Address | | | | |
| | City | | State | ZIP Code | |
| | Administrator Name | | Administrator Telephone | ( )    - | |
| | Administrator Title | | Administrator E-mail | | |

**Primary Data Coordinator (please print):**

*The Primary Data Coordinator receives submission verification reports and other communications.*

| Primary Data Coordinator | | | | | |
|---|---|---|---|---|---|
| | Name | | | | |
| | Title | | | | |
| | ☐ Check Here if Same as Facility Address | | | | |
| | Address | | | | |
| | City | | State | ZIP Code | |
| | Telephone | ( )    - | Fax | ( )    - | |
| | e-mail | | | | |

**Secondary Data Coordinator (please print):**

| Secondary Data Coordinator | | | | | |
|---|---|---|---|---|---|
| | Name | | | | |
| | Title | | | | |
| | ☐ Check Here if Same as Facility Address | | | | |
| | Address | | | | |
| | City | | State | ZIP Code | |
| | Telephone | ( )    - | Fax | ( )    - | |
| | e-mail | | | | |

**FAX this completed form to:    502-814-0328**

## Flat File Format

The following pages contain the outpatient flat file format layout for submitting data records.

| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 Field # | UB Box # (Form Locator) | Definition and Instruction | | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | | | | | |
| 1* | Patient DOB | 1 | 8 | 8 | | X | | 3 | 10 | ~ | MMDDYYYY Format | |
| | | | | | | | | | | ~ | DOB must occur prior to or on same date as discharge | |
| | | | | | | | | | | ~ | Patient must be 124 years old or less | |
| | | | | | | | | | | ~ | Edited to check patient's age vs. logic of diagnoses and procedures | |
| 2* | Patient Sex | 9 | 9 | 1 | X | | | 3 | 11 | M | = Male | |
| | | | | | | | | | | F | = Female | |
| | | | | | | | | | | U | = Unknown | |
| 3* | Patient ZIP Code | 10 | 14 | 5 | | X | | 5 | 9 | Zip Code of patient's residence | | Unknown = 00000, Foreign = 99999 *No more than 1% of records may contain the above values.* |
| 4 | Filler | 15 | 18 | 4 | X | | | | | Blank Fill | | |

* Required Field   ** Required if present in the record

| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 Field # | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | | | | |
| 5* | 1st Individual Payer ID # | 19 | 27 | 9 | | X | L | 1 | 51A | Expected Principal Payment Source – The health plan from which the provider might expect payment for the bill. <br><br> ~ Map the payer type designated in HCFA 1500 field 1 boxes to the appropriate code to the right <br> ~ Patient's payer source must be mapped to one of the 5 digit codes to the right <br> ~ Appropriate code must also be used for Self Pay and Charity patients | **Payer Mapping Codes** <br> 98910 = Medicare (Excl. Managed Care) <br> 98911 = Black Lung <br> 98912 = Charity – defined according to the facility policy at time of discharge <br> 98913 = Hill Burton Free Care <br> 98914 = Tricare (Champus) <br> 98915 = ChampVA <br> 98916 = In State Medicaid <br> 98917 = Out of State Medicaid <br> 98918 = Self Pay <br> 98921 = Commercial – Indemnity <br> 98922 = Commercial – Hmo <br> 98923 = Commercial – PPO <br> 98924 = Commercial - Other <br> 98930 = Other Self Administered Plan <br> 98940 = Passport Medicaid Mgd. Care <br> 98945 = Medicare Managed Care <br> 98950 = Workers Compensation <br> 98960 = Blue Cross Blue Shield <br> 00000 = Other <br> 98970 = Coventry Care of Kentucky <br> 98980 = WellCare of Kentucky <br> 98990 = Kentucky Spirit Health Plan <br> 98925 = VA <br> 98926 = Auto Insurance <br> 98927 = Other Facility <br> *No more than 1% of records may contain 00000 = Other .* |
| 6 | Filler | 28 | 36 | 9 | X | | | | | Blank Fill | |
| 7 | Filler | 37 | 45 | 9 | X | | L | | | Blank Fill | |

* Required Field   ** Required if present in the record

| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 Field # | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | | | | |
| 8* | Date of Admission | 46 | 51 | 6 | | X | | 24A1 | 12 | **Date of Admission** as Outpatient <br><br> ~ MMDDYY Format <br> ~ No hyphens or slashes <br> ~ Admission date cannot precede birth date or 1993 <br> ~ Discharge date cannot precede admission date | |
| 9 | Filler | 52 | 52 | 1 | X | | | | | Blank Fill | |
| 10 | Filler | 53 | 53 | 1 | X | | | | | Blank Fill | |
| 11* | Type of Bill | 54 | 56 | 3 | | X | | | 4 | **Bill Type** is a 3 digit code indicating if bill is outpatient, adjustments, void, etc. <br> ~ **Submit final bills only. No interim bills accepted** | The only valid codes are: <br> 831 Special Facility or ASC Surgery; Freestanding; Admit through Discharge <br> Default value for this field is 831 |
| 12* | Principal Diagnosis | 57 | 64 | 8 | X | | L | 21 1 | 67 | Must be valid ICD-9-CM code established after admission as responsible for outpatient care necessity <br> ~ Must be consistent with patient's age and gender <br> ~ Space fill right, no decimals | |
| 13** | 1st Other Diagnosis | 65 | 72 | 8 | X | | L | 21 2-4 | 67 | Additional condition that coexists at the time of admission, or develops during facility stay, and has effect on the treatment provided or the length of stay <br> ~ Enter all diagnoses that appear on the patient case in the following consecutive fields <br> ~ Up to 24 Other Diagnoses are accepted. If more exist, | |

* Required Field    ** Required if present in the record

| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 Field # | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | | | | |
| | | | | | | | | | | include only those that affect the patient's treatment and length of stay.  Avoid symptom codes. | |
| | | | | | | | | | | ~ Must be consistent with patient's age and gender | |
| | | | | | | | | | | ~ Space fill right, no decimals | |
| 14** | 2nd Other Diagnosis | 73 | 80 | 8 | X | | L | 21 2-4 | 67 | As above | As above |
| 15** | 3rd Other Diagnosis | 81 | 88 | 8 | X | | L | 21 2-4 | 67 | As above | As above |
| 16** | 4th Other Diagnosis | 89 | 96 | 8 | X | | L | 21 2-4 | 67 | As above | As above |
| 17** | 5th Other Diagnosis | 97 | 104 | 8 | X | | L | 21 2-4 | 67 | As above | As above |
| 18** | 6th Other Diagnosis | 105 | 112 | 8 | X | | L | 21 2-4 | 67 | As above | As above |
| 19** | 7th Other Diagnosis | 113 | 120 | 8 | X | | L | 21 2-4 | 67 | As above | As above |
| 20** | 8th Other Diagnosis | 121 | 128 | 8 | X | | L | 21 2-4 | 67 | As above | As above |
| 21 | Filler | 129 | 129 | 1 | X | | | | | Blank Fill | |
| 22* | 1st Position Procedure Code | 130 | 143 | 14 | X | | L | 24D1 | 74 | Use procedure performed for definitive treatment, not for exploratory purposes | Format programming notes: CPT = 99999 |
| | | | | | | | | | | ~ Only CPT® / HCPCS codes, plus modifies, if applicable, allowed for **outpatient** services. | |
| | | | | | | | | | | ~ 5 digit code, plus up to four 2-digit modifiers may be reported for any procedure. HCPCS modifiers are accepted | |

* Required Field   ** Required if present in the record

| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 Field # | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | | | | |
| | | | | | | | | | | on CPT® codes | |
| | | | | | | | | | | ~ Must be valid codes/modifiers for discharge date timeframe | |
| | | | | | | | | | | ~ Space fill right | |
| | | | | | | | | | | ~ Must be consistent with patient's gender | |
| 23* | 1st Position Procedure Date | 144 | 149 | 6 | | X | | 24A1 | 74 | ~ MMDDYY format | |
| | | | | | | | | | | ~ No hyphens or slashes | |
| | | | | | | | | | | ~ Procedure date cannot occur after discharge date | |
| | | | | | | | | | | ~ Procedure date can occur prior to the admission date | |
| 24 | Filler | 150 | 151 | 2 | X | | | | | Blank Fill | |
| 25** | 1st Other Procedure Code | 152 | 165 | 14 | X | | L | 24D 2-6 | 74 | Additional procedure performed other than principal procedure | Up to 24 Other Procedure Codes are allowed.  Same instructions as for element #22 |
| | | | | | | | | | | ~ Must be consistent with patient's gender | |
| | | | | | | | | | | ~ Space fill right, no decimals or hyphens | |
| | | | | | | | | | | ~ Enter all procedures that appear on the patient case in the following consecutive fields | |
| 26** | 1st Other Procedure Date | 166 | 171 | 6 | | X | | 24A 2-6 | 74 | ~ MMDDYY format | Same instructions as for element #23 |
| | | | | | | | | | | ~ No hyphens or slashes | |
| | | | | | | | | | | ~ Procedure date cannot occur after discharge date | |
| | | | | | | | | | | ~ Procedure date can occur prior to the admission date | |
| | | | | | | | | | | ~ Required if corresponding procedure is recorded | |
| 27** | 2nd Other Procedure | 172 | 185 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |

* Required Field   ** Required if present in the record

| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 Field # | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | | | | |
| | Code | | | | | | | | | | |
| 28** | 2<sup>nd</sup> Other Procedure Date | 186 | 191 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 29** | 3<sup>rd</sup> Other Procedure Code | 192 | 205 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 30** | 3<sup>rd</sup> Other Procedure Date | 206 | 211 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 31** | 4<sup>th</sup> Other Procedure Code | 212 | 225 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 32** | 4<sup>th</sup> Other Procedure Date | 226 | 231 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 33** | 5<sup>th</sup> Other Procedure Code | 232 | 245 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 34** | 5<sup>th</sup> Other Procedure Date | 246 | 251 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 35 | Filler | 252 | 255 | 4 | X | | | | | Blank Fill | |
| 36** | 1<sup>st</sup> Units of Service | 256 | 262 | 7 | | X | R | 24G | 46 | A quantitative measure of services rendered by revenue code<br><br>~ Right justify, zero fill left | |

\* Required Field   \*\* Required if present in the record

| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 Field # | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | | | | |
| 37* | 1st Charge | 263 | 272 | 10 | | X | R | 24F1 | 47 | Total charges for the corresponding 1st procedure<br>~ Enter all charges that appear on the patient case in the following consecutive fields<br>~ The sum of all charges must be positive<br>~ Right justify, zero fill left<br>**There must be a related Charge for every Service Line Item on the patient record** | Programming notes:<br>~ Programming Format: S9(8)V99<br>~ Signed fields are unpacked, signed, right justified, zero filled to left<br>~ When including sign, used zoned decimal representation **See Appendix A for Zoned Decimal Representation Table**<br>~ Charge fields have an assumed decimal with 2 positions to the right for cents |
| 38 | Filler | 273 | 276 | 4 | X | | | | | Blank Fill | |
| 39** | 2nd Units of Service | 277 | 283 | 7 | | X | R | 24G | 46 | Same as element #36 | |
| 40** | 2nd Charge | 284 | 293 | 10 | | X | R/L | 24F 2-6 | 47 | Charges for additional associated procedure.<br>~ Zero charge values allowed when bundle billing procedures<br>~ Charges must be Right Justified and zero filled<br>~ Any unused charge fields should be Space filled and Left Justified | |
| 41 | Filler | 294 | 297 | 4 | X | | | | | Blank Fill | |
| 42** | 3rd Units of Service | 298 | 304 | 7 | | X | R | 24G | 46 | Same as element #36 | |
| 43** | 3rd Charge | 305 | 314 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 44 | Filler | 315 | 318 | 4 | X | | | | | Blank Fill | |
| 45** | 4th Units of Service | 319 | 325 | 7 | | X | R | 24G | 46 | Same as element #36 | |
| 46** | 4th Charge | 326 | 335 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 47 | Filler | 336 | 339 | 4 | X | | | | | Blank Fill | |
| 48** | 5th Units of Service | 340 | 346 | 7 | | X | R | 24G | 46 | Same as element #36 | |

* Required Field   ** Required if present in the record

| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 Field # | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | | | | |
| 49** | 5th Charge | 347 | 356 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 50 | Filler | 357 | 360 | 4 | X | | | | | Blank Fill | |
| 51** | 6th Units of Service | 361 | 367 | 7 | | X | R | 24G | 46 | Same as element #36 | |
| 52** | 6th Charge | 368 | 377 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 53 | Filler | 378 | 381 | 4 | X | | | | | Blank Fill | |
| 54** | 7th Units of Service | 382 | 388 | 7 | | X | R | 24G | 46 | Same as element #36 | |
| 55** | 7th Charge | 389 | 398 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 56 | Filler | 399 | 402 | 4 | X | | | | | Blank Fill | |
| 57** | 8th Units of Service | 403 | 409 | 7 | | X | R | 24G | 46 | Same as element #36 | |
| 58** | 8th Charge | 410 | 419 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 59 | Filler | 420 | 423 | 4 | X | | | | | Blank Fill | |
| 60** | 9th Units of Service | 424 | 430 | 7 | | X | R | 24G | 46 | Same as element #36 | |
| 61** | 9th Charge | 431 | 440 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 62 | Filler | 441 | 444 | 4 | X | | | | | Blank Fill | |
| 63** | 10th Units of Service | 445 | 451 | 7 | | X | R | 24G | 46 | Same as element #36 | |
| 64** | 10th Charge | 452 | 461 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 65 | Filler | 462 | 465 | 4 | X | | | | | Blank Fill | |
| 66** | 11th Units of Service | 466 | 472 | 7 | | X | R | 24G | 46 | Same as element #36 | |
| 67** | 11th Charge | 473 | 482 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 68 | Filler | 483 | 486 | 4 | X | | | | | Blank Fill | |
| 69** | 12th Units of Service | 487 | 493 | 7 | | X | R | 24G | 46 | Same as element #36 | |
| 70** | 12th Charge | 494 | 503 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 71 | Filler | 504 | 507 | 4 | X | | | | | Blank Fill | |
| 72** | 13th Units of Service | 508 | 514 | 7 | | X | R | 24G | 46 | Same as element #36 | |

* Required Field   ** Required if present in the record

| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 | UB Box # (Form | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | Field # | Locator) | | |
| 73** | 13th Charge | 515 | 524 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 74 | Filler | 525 | 528 | 4 | X | | | | | Blank Fill | |
| 75** | 14th Units of Service | 529 | 535 | 7 | | X | R | 24G | 46 | Same as element #36 | |
| 76** | 14th Charge | 536 | 545 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 77 | Filler | 546 | 549 | 4 | X | | | | | Blank Fill | |
| 78** | 15th Units of Service | 550 | 556 | 7 | | X | R | 24G | 46 | Same as element #36 | |
| 79** | 15th Charge | 557 | 566 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 80 | Filler | 567 | 570 | 4 | X | | | | | Blank Fill | |
| 81** | 16th Units of Service | 571 | 577 | 7 | | X | R | 24G | 46 | Same as element #36 | |
| 82** | 16th Charge | 578 | 587 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 83 | Filler | 588 | 591 | 4 | X | | | | | Blank Fill | |
| 84** | 17th Units of Service | 592 | 598 | 7 | | X | R | 24G | 46 | Same as element #36 | |
| 85** | 17th Charge | 599 | 608 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 86 | Filler | 609 | 612 | 4 | X | | | | | Blank Fill | |
| 87** | 18th Units of Service | 613 | 619 | 7 | | X | R | 24G | 46 | Same as element #36 | |
| 88** | 18th Charge | 620 | 629 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 89 | Filler | 630 | 633 | 4 | X | | | | | Blank Fill | |
| 69** | 19th Units of Service | 634 | 640 | 7 | | X | R | 24G | 46 | Same as element #36 | |
| 91** | 19th Charge | 641 | 650 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 92 | Filler | 651 | 654 | 4 | X | | | | | Blank Fill | |
| 93** | 20th Units of Service | 655 | 661 | 7 | | X | R | 24G | 46 | Same as element #36 | |
| 94** | 20th Charge | 662 | 671 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 95 | Filler | 672 | 675 | 4 | X | | | | | Blank Fill | |
| 96** | 21st Units of Service | 676 | 682 | 7 | | X | R | 24G | 46 | Same as element #36 | |

* Required Field   ** Required if present in the record

| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 Field # | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | | | | |
| 97** | 21st Charge | 683 | 692 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 98 | Filler | 693 | 696 | 4 | X | | | | | Blank Fill | |
| 99** | 22nd Units of Service | 697 | 703 | 7 | | X | R | 24G | 46 | Same as element #36 | |
| 100** | 22nd Charge | 704 | 713 | 10 | | X | R/L | 24F 2-6 | 47 | Same as element #40 | |
| 101 | Filler | 714 | 717 | 4 | X | | | | | Blank Fill | |
| 102 | Filler | 718 | 724 | 7 | X | | | | | Blank Fill | |
| 103* | Total Charges for the Case | 725 | 734 | 10 | | X | R | 28 | 47 | Report ONLY the Total Charges for the patient in this field | |
| 104* | Page Number | 735 | 738 | 4 | | X | R | | 47 | Designates the incrementing page count and total number of pages for the claim | Use default code 0101 |
| 105* | Attending Clinician NPI | 739 | 748 | 10 | X | | L | 17b Or 32b | 76 | Identifies attending clinician, who is expected to certify/recertify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment<br>~ Enter clinician's NPI number<br>~ Blank fill right | Enter physicians NPI from whichever HCFA 1500 field is appropriate, 17b or 32b |
| 106 | Filler | 749 | 760 | 12 | X | | | | | Blank fill | |
| 107* | Patient ID # | 761 | 780 | 20 | X | | L | 26 | 3 | Uniquely identifies each patient<br>~ Blank fill right | |
| 108** | 1st Insur Group # | 781 | 797 | 17 | X | | L | 11 | 62a | The ID#, control# or code assigned by the insurance carrier or plan administrator to identify the group under which the individual is covered<br>~ Space fill right<br>~ Recorded only if corresponding payer ID# is present | |
| 109** | 2nd Insur | 798 | 814 | 17 | X | | L | 9a | 62b | Same as above | |

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| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 Field # | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | | | | |
| | Group # | | | | | | | | | | |
| 110 | Filler | 815 | 831 | 17 | X | | | | | Blank Fill | |
| 111 | Filler | 832 | 841 | 10 | X | | | | | Blank Fill | |
| 112 | Filler | 842 | 851 | 10 | X | | | | | Blank Fill | |
| 113 | Filler | 852 | 853 | 2 | X | | | | | Blank Fill | |
| 114 | Filler | 854 | 858 | 5 | X | | | | | Blank Fill | |
| 115 | Filler | 859 | 859 | 1 | X | | | | | Blank Fill | |
| 116** | 9th Other Diagnostic Code | 860 | 867 | 8 | X | | L | 21 2-4 | 67 | Same as element #13 | Same as element #13 |
| 117** | 10th Other Diagnostic Code | 868 | 875 | 8 | X | | L | 21 2-4 | 67 | Same as element #13 | Same as element #13 |
| 118** | 11th Other Diagnostic Code | 876 | 883 | 8 | X | | L | 21 2-4 | 67 | Same as element #13 | Same as element #13 |
| 119** | 12th Other Diagnostic Code | 884 | 891 | 8 | X | | L | 21 2-4 | 67 | Same as element #13 | Same as element #13 |
| 120** | 13th Other Diagnostic Code | 892 | 899 | 8 | X | | L | 21 2-4 | 67 | Same as element #13 | Same as element #13 |
| 121** | 14th Other Diagnostic Code | 900 | 907 | 8 | X | | L | 21 2-4 | 67 | Same as element #13 | Same as element #13 |
| 122** | 15th Other Diagnostic Code | 908 | 915 | 8 | X | | L | 21 2-4 | 67 | Same as element #13 | Same as element #13 |
| 123** | 16th Other Diagnostic Code | 916 | 923 | 8 | X | | L | 21 2-4 | 67 | Same as element #13 | Same as element #13 |
| 124** | 17th Other Diagnostic Code | 924 | 931 | 8 | X | | L | 21 2-4 | 67 | Same as element #13 | Same as element #13 |
| 125** | 18th Other | 932 | 939 | 8 | X | | L | 21 | 67 | Same as element #13 | Same as element #13 |

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| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 Field # | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | | | | |
| | Diagnostic Code | | | | | | | 2-4 | | | |
| 126** | 19th Other Diagnostic Code | 940 | 947 | 8 | X | | L | 21 2-4 | 67 | Same as element #13 | Same as element #13 |
| 127** | 20th Other Diagnostic Code | 948 | 955 | 8 | X | | L | 21 2-4 | 67 | Same as element #13 | Same as element #13 |
| 128** | 21th Other Diagnostic Code | 956 | 963 | 8 | X | | L | 21 2-4 | 67 | Same as element #13 | Same as element #13 |
| 129** | 22th Other Diagnostic Code | 964 | 971 | 8 | X | | L | 21 2-4 | 67 | Same as element #13 | Same as element #13 |
| 130** | 23th Other Diagnostic Code | 972 | 979 | 8 | X | | L | 21 2-4 | 67 | Same as element #13 | Same as element #13 |
| 131** | 24th Other Diagnostic Code | 980 | 987 | 8 | X | | L | 21 2-4 | 67 | Same as element #13 | Same as element #13 |
| 132 | Filler | 988 | 995 | 8 | X | | | | | Blank Fill | |
| 133 | Filler | 996 | 1003 | 8 | X | | | | | Blank Fill | |
| 134 | Filler | 1004 | 1011 | 8 | X | | | | | Blank Fill | |
| 135** | 6th Other Procedure Code | 1012 | 1025 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 136** | 6th Other Procedure Date | 1026 | 1031 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 137** | 7th Other Procedure Code | 1032 | 1045 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 138** | 7th Other Procedure Date | 1046 | 1051 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 139** | 8th Other Procedure | 1052 | 1065 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |

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| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 Field # | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | | | | |
| | Code | | | | | | | | | | |
| 140** | 8th Other Procedure Date | 1066 | 1071 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 141** | 9th Other Procedure Code | 1072 | 1085 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 142** | 9th Other Procedure Date | 1086 | 1091 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 143** | 10th Other Procedure Code | 1092 | 1105 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 144** | 10th Other Procedure Date | 1106 | 1111 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 145** | 11th Other Procedure Code | 1112 | 1125 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 146** | 11th Other Procedure Date | 1126 | 1131 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 147** | 12th Other Procedure Code | 1132 | 1145 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 148** | 12th Other Procedure Date | 1146 | 1151 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 149** | 13th Other Procedure Code | 1152 | 1165 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 150** | 13th Other Procedure Date | 1166 | 1171 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 151** | 14th Other Procedure Code | 1172 | 1185 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |

* Required Field   ** Required if present in the record

| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 | UB Box # (Form | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | Field # | Locator) | | |
| 152** | 14th Other Procedure Date | 1186 | 1191 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 153** | 15th Other Procedure Code | 1192 | 1205 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 154** | 15th Other Procedure Date | 1206 | 1211 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 155** | 16th Other Procedure Code | 1212 | 1225 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 156** | 16th Other Procedure Date | 1226 | 1231 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 157** | 17th Other Procedure Code | 1232 | 1245 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 158** | 17th Other Procedure Date | 1246 | 1251 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 159** | 18th Other Procedure Code | 1252 | 1265 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 160** | 18th Other Procedure Date | 1266 | 1271 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 161** | 19th Other Procedure Code | 1272 | 1285 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 162** | 19th Other Procedure Date | 1286 | 1291 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 163** | 20th Other Procedure Code | 1292 | 1305 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 164** | 20th Other Procedure | 1306 | 1311 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |

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| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 Field # | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | | | | |
| | Date | | | | | | | | | | |
| 165** | 21st Other Procedure Code | 1312 | 1325 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 166** | 21st Other Procedure Date | 1326 | 1331 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 167** | 22nd Other Procedure Code | 1332 | 1345 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 168** | 22nd Other Procedure Date | 1346 | 1351 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 169** | 23rd Other Procedure Code | 1352 | 1365 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 170** | 23rd Other Procedure Date | 1366 | 1371 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 171** | 24th Other Procedure Code | 1372 | 1385 | 14 | X | | L | 24D 2-6 | 74 | Same as element #25 | |
| 172** | 24th Other Procedure Date | 1386 | 1391 | 6 | | X | | 24A 2-6 | 74 | Same as element #26 | |
| 173* | Operating Clinician NPI | 1392 | 1402 | 11 | X | | L | 17b Or 32b | 77 | NPI of the individual with the primary responsibility for performing the surgical procedure(s)<br>~ Enter clinician's NPI number<br>~ Should be the same NPI as for Attending Clinician<br>~ Space fill right | |
| 174* | Billing Provider Facility NPI | 1403 | 1417 | 15 | X | | L | 32a | 56 | The NPI assigned to the provider submitting the bill. Submit the NPI or NPI subpart on each patient record.<br>~ Space fill right | |

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| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 | UB Box # (Form | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | Field # | Locator) | | |
| 175 | Filler | 1418 | 1432 | 15 | X | | | | | Blank fill | |
| 176* | Other Provider Identifier | 1433 | 1447 | 15 | X | | L | 25 | | Field to be used to submit facility's current **Tax ID #** | |
| | | | | | | | | | | ~ Space fill right | |
| 177 | Filler | 1448 | 1522 | 75 | X | | | | | Blank fill | |
| 178* | Statement Covers Period | 1523 | 1534 | 12 | | X | R | 24A 1-6 | 6 | From and Through dates (beginning and ending dates) of patient care. Discharge date will be derived from the "through date" | |
| | | | | | | | | | | ~ MMDDYY format | |
| | | | | | | | | | | ~ Use dates from Dates of Service fields. If only one date exists, use it as both the beginning and ending dates. | |
| 179* | Primary Payer Name | 1535 | 1557 | 23 | X | | L | 11c | 50a | Name of the Primary Payer source for the patient | |
| | | | | | | | | | | ~ Space fill right | |
| 180** | Secondary Payer Name | 1558 | 1580 | 23 | X | | L | 9d | 50b | Name of the Secondary Payer source for the patient | |
| | | | | | | | | | | ~ Space fill right | |
| 181 | Filler | 1581 | 1603 | 23 | X | | | | | Blank Fill | |
| 182 | Filler | 1604 | 1606 | 3 | X | | | | | Blank Fill | |
| 183* | Race | 1607 | 1608 | 2 | X | | | | | 2 digit code designating patient's race, reported according to official federal Office of Management and Budget (OMB) categories. | R1 = American Indian or Alaska Native / R2 = Asian / R3 = Black or African American / R4 = Native Hawaiian or Pacific Islander / R5 = White / R7 = Patient Refused / R9 = Other |
| | | | | | | | | | | ~ Must have one of the two digit code values to the right | *No more than 3% of records may contain R9 = Other* |
| | | | | | | | | | | ~ Classify Latino patients by using a Race code to the right, used in conjunction with the appropriate Ethnicity code below (data element 184) | |

\* Required Field   \*\* Required if present in the record

| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 | UB Box # (Form | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | Field # | Locator) | | |
| 184* | Ethnicity | 1609 | 1610 | 2 | X | | | | | 2 digit code designating patient's ethnic background, reported according to official OMB categories. <br> ~ Must have one of the two digit code values to the right | E1 = Hispanic or Latino Ethnicity <br> E2 = Non Hispanic or Latino Ethnicity <br> E8 =Patient Refused <br><br> Guidelines on reporting Race and Ethnicity can be obtained from the OMB at www.whitehouse.gov/omb |
| 185 | Filler | 1611 | 1612 | 2 | X | | | | | Blank fill | |
| 186 | Filler | 1613 | 1614 | 2 | X | | | | | Blank fill | |
| 187 | Filler | 1615 | 1621 | 7 | X | | | | | Blank fill | |
| 188 | Filler | 1622 | 1623 | 2 | X | | | | | Blank fill | |
| 189 | Filler | 1624 | 1629 | 6 | X | | | | | Blank fill | |
| 190 | Filler | 1630 | 1635 | 6 | X | | | | | Blank fill | |
| 191 | Filler | 1636 | 1637 | 2 | X | | | | | Blank fill | |
| 192 | Filler | 1638 | 1639 | 2 | X | | | | | Blank fill | |
| 193 | Filler | 1640 | 1641 | 2 | X | | | | | Blank fill | |
| 194 | Filler | 1642 | 1643 | 2 | X | | | | | Blank fill | |
| 195 | Filler | 1644 | 1649 | 6 | X | | | | | Blank fill | |
| 196 | Filler | 1650 | 1651 | 2 | X | | | | | Blank fill | |
| 197 | Filler | 1652 | 1657 | 6 | X | | | | | Blank fill | |
| 198 | Filler | 1658 | 1659 | 2 | X | | | | | Blank fill | |
| 199 | Filler | 1660 | 1663 | 4 | X | | | | | Blank fill | |
| 200 | Filler | 1664 | 1670 | 7 | X | | | | | Blank fill | |
| 201 | Filler | 1671 | 1677 | 7 | X | | | | | Blank fill | |
| 202 | Filler | 1678 | 1684 | 7 | X | | | | | Blank fill | |
| 203* | 1st CPT® / HCPCS Service Line Item | 1685 | 1698 | 14 | X | | L | 24D1 | 44 | CPT® / HCPCS codes, plus modifiers, if applicable, for **outpatient** services. <br> ~ 5 digit code, plus up to four 2-digit modifiers may be | **CPT® / HCPCS Service Line Items and Dates must also be reported in the Procedure Codes and Dates fields.** |

* Required Field   ** Required if present in the record

| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 Field # | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | | | | |
| | | | | | | | | | | reported for any service line item. HCPCS modifiers are accepted on CPT codes | |
| | | | | | | | | | | ~ Must be valid codes/modifiers for discharge date timeframe | **There must be a related Charge for every Service Line Item on the Patient Record.** |
| | | | | | | | | | | ~ Space fill right | |
| | | | | | | | | | | ~ Enter all CPT/HCPCS Line Items that appear on the patient case in the following consecutive fields | |
| 204* | 1st CPT®/HCPCS Service Date | 1699 | 1704 | 6 | | X | R | 24A1 | 45 | Service Date for each CPT/HCPCS code reported in the service line item above | |
| | | | | | | | | | | ~ MMDDYY format | |
| | | | | | | | | | | ~ Enter all CPT/HCPCS Dates that appear on the patient case in the following consecutive fields. | |
| 205** | 2nd CPT®/HCPCS Service Line Item | 1705 | 1718 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |
| 206** | 2nd CPT®/HCPCS Service Date | 1719 | 1724 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |
| 207** | 3rd CPT®/HCPCS Service Line Item | 1725 | 1738 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |
| 208** | 3rd CPT®/HCPCS Service Date | 1739 | 1744 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |
| 209** | 4th CPT®/HCPCS Service Line Item | 1745 | 1758 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |

* Required Field   ** Required if present in the record

| Data Element | Description | Position From | To | Length | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 Field # | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 210** | 4th CPT®/HCPCS Service Date | 1759 | 1764 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |
| 211** | 5th CPT®/HCPCS Service Line Item | 1765 | 1778 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |
| 212** | 5th CPT®/HCPCS Service Date | 1779 | 1784 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |
| 213** | 6th CPT®/HCPCS Service Line Item | 1785 | 1798 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |
| 214** | 6th CPT®/HCPCS Service Date | 1799 | 1804 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |
| 215** | 7th CPT®/HCPCS Service Line Item | 1805 | 1818 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |
| 216** | 7th CPT®/HCPCS Service Date | 1819 | 1824 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |
| 217** | 8th CPT®/HCPCS Service Line Item | 1825 | 1838 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |
| 218** | 8th CPT®/HCPCS Service Date | 1839 | 1844 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |
| 219** | 9th CPT®/HCPCS Service Line Item | 1845 | 1858 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |
| 220** | 9th CPT®/HCPCS Service Date | 1859 | 1864 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |

\* Required Field   \*\* Required if present in the record

| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 Field # | UB Box # (Form Locator) | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | | | | |
| 221** | 10<sup>th</sup> CPT®/HCPCS Service Line Item | 1865 | 1878 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |
| 222** | 10<sup>th</sup> CPT®/HCPCS Service Date | 1879 | 1884 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |
| 223** | 11<sup>th</sup> CPT®/HCPCS Service Line Item | 1885 | 1898 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |
| 224** | 11<sup>th</sup> CPT®/HCPCS Service Date | 1899 | 1904 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |
| 225** | 12<sup>th</sup> CPT®/HCPCS Service Line Item | 1905 | 1918 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |
| 226** | 12<sup>th</sup> CPT®/HCPCS Service Date | 1919 | 1924 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |
| 227** | 13<sup>th</sup> CPT®/HCPCS Service Line Item | 1925 | 1938 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |
| 228** | 13<sup>th</sup> CPT®/HCPCS Service Date | 1939 | 1944 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |
| 229** | 14<sup>th</sup> CPT®/HCPCS Service Line Item | 1945 | 1958 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |
| 230** | 14<sup>th</sup> CPT®/HCPCS Service Date | 1959 | 1964 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |
| 231** | 15<sup>th</sup> CPT®/HCPCS Service Line | 1965 | 1978 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |

* Required Field   ** Required if present in the record

| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 | UB Box # (Form | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | Field # | Locator) | | |
| | Item | | | | | | | | | | |
| 232** | 15th CPT®/HCPCS Service Date | 1979 | 1984 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |
| 233** | 16th CPT®/HCPCS Service Line Item | 1985 | 1998 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |
| 234** | 16th CPT®/HCPCS Service Date | 1999 | 2004 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |
| 235** | 17th CPT®/HCPCS Service Line Item | 2005 | 2018 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |
| 236** | 17th CPT®/HCPCS Service Date | 2019 | 2024 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |
| 237** | 18th CPT®/HCPCS Service Line Item | 2025 | 2038 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |
| 238** | 18th CPT®/HCPCS Service Date | 2039 | 2044 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |
| 239** | 19th CPT®/HCPCS Service Line Item | 2045 | 2058 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |
| 240** | 19th CPT®/HCPCS Service Date | 2059 | 2064 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |
| 241** | 20th CPT®/HCPCS Service Line Item | 2065 | 2078 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |
| 242** | 20th CPT®/HCPCS | 2079 | 2084 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |

* Required Field   ** Required if present in the record

| Data Element | Description | Position | | | Alpha-numeric | Numeric Only | Field Justifi-cation | HCFA 1500 | UB Box # (Form | Definition and Instruction | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | From | To | Length | | | | Field # | Locator) | | |
| | Service Date | | | | | | | | | | |
| 243** | 21st CPT®/HCPCS Service Line Item | 2085 | 2098 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |
| 244** | 21st CPT®/HCPCS Service Date | 2099 | 2104 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |
| 245** | 22nd CPT®/HCPCS Service Line Item | 2105 | 2118 | 14 | X | | L | 24D 2-6 | 44 | Same as element #203 | |
| 246** | 22nd CPT®/HCPCS Service Date | 2119 | 2124 | 6 | | X | R | 24A 2-6 | 45 | Same as element #204 | |
| 247 | Filler | 2125 | 2129 | 5 | X | | | | | Blank Fill | |
| 248 | Filler | 2130 | 2158 | 29 | X | | | | | Blank Fill | |
| 249 | Filler | 2159 | 2257 | 99 | X | | | | | Blank Fill | |
| 250 | Filler | 2258 | 2277 | 20 | X | | | | | Blank Fill | |
| 251 | Filler | 2278 | 2500 | 223 | X | | | | | Blank Fill | |

# THERE MUST BE A LINE FEED AFTER POSITION 2500 FOR EVERY RECORD

**Note:  SINGLE CHARACTER FIELDS SHOULD BE SUBMITTED IN UPPER CASE.**

**Note:  ALL FILLER FIELDS AND UNPOPULATED OPTIONAL FIELDS MUST BE BLANK FILLED.**

\* Required Field   \*\* Required if present in the record

# 837 File Format

The following pages contain the outpatient 837 file format layout for submitting data records.

| Segment # | Data Segment / Element Description | 837 Loop | Segment ID | Reference Description | 837 Data Element | Qualifier | Position | HCFA 1500 Field # | UB04 FL # | 837 Manual Page # | Definition and Description | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1* | Production | Header | ISA | ISA15 | 114 | P=Production Data | | | | B.3 | Designation of whether the data being sent is for the Production or Test system. **MUST** be the first line of the entire file. Located in the Interchange Control Header. <br> ~ Character information MUST be filled in after each ZZ character or segment will reject. <br> ~ The 1st element separator defines the element separator to be used through the entire record, except for Race/Ethnicity. | Segment Example: ISA*00*  *00* *ZZ*363720182 *ZZ*133052274 *061109*1127*U*00401*00 0000887 *1*T*:~ (followed by Functional Group Header Segment) |
| 2* | Facility NPI | 2010AA | NM1 | NM109 | 67 | NM108 =XX(NPI) | 015 | 32a | 56 | 76 – 78 | Identifying NPI # for facility where services are rendered. Name is not to be reported. <br> ~ Enter facility's Master NPI, Subpart NPI <br> ~ Facility Name (NM103) is in this segment, but is not loaded. | Segment Example: NM1*85*2*ABC facility*****XX*999999999~ |
| 2B* | Facility Tax ID | 2010AA | REF | REF02 | 127 | REF01 = EI (EIN) | 035 | 25 | | 82 - 84 | Identifying Tax ID for facility where services are rendered. Name is not to be reported. | Segment Example: REF*EI*999999999~ |
| 4** | Primary (1st) Insur Group # | 2000B | SBR | SBR03 | 127 | SBR01=P (Primary) | 005 | 11 | 62A | 101-105 | The ID#, control #, or code assigned by the insurance carrier or plan administrator to identify the group under which the individual is covered. <br> ~ Recorded only if corresponding payer ID# is present | Segment Example: SBR*P**X123456*BC/BS*** **121~ |
| 6* | 1st Individual Payer Name & ID # | 2010BC | NM1 | NM103 NM109 | 1035 67 | NM101=PR (Payer) NM103=2 (Non-person entity) NM108=PI (Payer Identification) | 015 | 11c ~ 1 | 50A ~ 51A | 123-125 | Expected Principal Payment Source – The health plan from which the provider might expect payment for the bill. <br> ~ Enter name of payer designated in HCFA 1500 field 1 boxes, followed by the appropriate code to the right <br> ~ Patient's payer source must be mapped to one of the 5 digit codes to the right | Payer Mapping Codes <br> 98910 = Medicare (Excl. Managed Care) <br> 98911 = Black Lung <br> 98912 = Charity – defined according to the facility policy at time of discharge <br> 98913 = Hill Burton Free Care <br> 98914 = Tricare (Champus) |

\* Required Field   \*\* Required if present in the record

| Segment # | Data Segment / Element Description | 837 Loop | Segment ID | Reference Description | 837 Data Element | Qualifier | Position | HCFA 1500 Field # | UB04 FL # | 837 Manual Page # | Definition and Description | Reference Charts | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | ~    Appropriate name and code must also be used for Self Pay and Charity patients | 98915 | = ChampVA |
| | | | | | | | | | | | | 98916 | = In State Medicaid |
| | | | | | | | | | | | | 98917 | = Out of State Medicaid |
| | | | | | | | | | | | | 98918 | = Self Pay |
| | | | | | | | | | | | | 98921 | = Commercial – Indemnity |
| | | | | | | | | | | | Segment Example: NM1*PR*2*MEDICARE*****PI*98910~ | 98922 | = Commercial – HMO |
| | | | | | | | | | | | | 98923 | = Commercial – PPO |
| | | | | | | | | | | | | 98924 | = Commercial - Other |
| | | | | | | | | | | | | 98930 | = Other Self Administered Plan |
| | | | | | | | | | | | | 98940 | = Passport Medicaid Mgd. Care |
| | | | | | | | | | | | | 98945 | = Medicare Managed Care |
| | | | | | | | | | | | | 98950 | = Workers Compensation |
| | | | | | | | | | | | | 98960 | = Blue Cross Blue Shield |
| | | | | | | | | | | | | 00000 | = Other |
| | | | | | | | | | | | | 98970 | = Coventry Care of Kentucky |
| | | | | | | | | | | | | 98980 | = WellCare of Kentucky |
| | | | | | | | | | | | | 98990 | = Kentucky Spirit Health Plan |
| | | | | | | | | | | | | 98925 | = VA |
| | | | | | | | | | | | | 98926 | = Auto Insurance |
| | | | | | | | | | | | | 98927 | = Other Facility |
| | | | | | | | | | | | | *No more than 1% of records may contain 00000 .* | |
| 8* | Patient Zip Code | 2010CA | N4 | N403 | 116 | | 030 | 5 | 9 | 146-147 | Zip Code of patient's residence | Segment Example: N4***KY*40253~ | |
| | | | | | | | | | | | ~    Unknown = 00000   Foreign = 99999 | | |
| | | | | | | | | | | | ~    Enter only the zip code from the Patient's Address field, not the entire address. | | |
| | | | | | | | | | | | *No more than 1% of records may contain 00000 or 99999* | | |
| 9* | Patient DOB | 2010BA | DMG | DMG02 | 1251 | DMG01 | 032 | 3 | 10 | 148- | ~    **Date of Birth** is reported in | **Gender Coding** | |

\* Required Field    \*\* Required if present in the record

| Segment # | Data Segment / Element Description | 837 Loop | Segment ID | Reference Description | 837 Data Element | Qualifier | Position | HCFA 1500 Field # | UB04 FL # | 837 Manual Page # | Definition and Description | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ~ Gender ~ Race ~ Ethnicity | if Patient is the Insured ~ 2010CA for all other situations | | DMG05 | 1109 | (1250)=D8 (Date) DMG03 (1068) =F,M,U (Gender) | | | 11 | 149 | CCYYMMDD Format <br> ~ DOB must occur prior to or on same date as discharge <br> ~ Patient must be 124 years old or less <br> ~ Edited to check patient's age vs. logic of diagnoses and procedures <br><br> **\*RET must be repeated once for Race and once for Ethnicity** <br> **RET Format is RR:EE** <br><br> **Race Coding** <br><br> 2 digit code designating patient's race, reported according to official OMB categories <br> ~ Must have one of the two digit code values to the right <br><br><br> **Ethnicity Coding** <br> 2 digit code designating patient's ethnicity, reported according to official OMB categories. <br> ~ Must have one of the two digit code values to the right. <br><br> Guidelines on reporting Race and Ethnicity can be obtained from the OMB at www.whitehouse.gov/omb | M = Male <br> F = Female <br> U = Unknown <br><br><br> R1 = American Indian or Alaska Native <br> R2 = Asian <br> R3 = Black or African American <br> R4 = Native Hawaiian or Pacific Islander <br> R5 = White <br> R7 = Patient Refused <br> R9 = Other <br><br> *No more than 3% of records may contain R9 = Other* <br><br><br> E1 = Hispanic or Latino Ethnicity <br> E2 = Non Hispanic or Latino Ethnicity <br> E8 = Patient Refused <br><br> Segment Example: |

\* Required Field    \*\* Required if present in the record

| Segment # | Data Segment / Element Description | 837 Loop | Segment ID | Reference Description | 837 Data Element | Qualifier | Position | HCFA 1500 Field # | UB04 FL # | 837 Manual Page # | Definition and Description | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | DMG*D8*19300708*F**R9: E2~ |
| 10 | Patient ID# * ~ Total Charge for Case * ~ Bill Type * | 2300 | CLM | CLM01 CLM02 ~ CLM05 1-3 ~ ~ CLM11 | 1028 782 ~ 1331 1332 1325 ~ C024 | CLM05-2=A (Freq Type / Bill Type) | 130 | 26 ~ 28 ~ ~ 10b | 3A ~ 47 ~ ~ 4 | 154-159 | **Patient ID** is a facility assigned # that uniquely identifies each patient<br><br>**Total Charges** for the entire patient claim<br><table><tr><td>~</td><td>Report only the total charges for the patient case. Total charges will only be abstracted from this field. Case will reject if Total Charge is not reported in this field.</td></tr><tr><td>~</td><td>The sum of all charges must be positive</td></tr></table><br>**Bill Type** is a 3 digit code indicating if bill is Outpatient.<br><br>**Submit final bills only. No interim bills accepted**.<br><br>CLM05 Qualifier of a designates the Frequency Type portion of the Bill Type code. Example: Bill Type 831 = 83:A:1 | <table><tr><td>831</td><td>Special facility or ASC surgery; freestanding; Admit through discharge</td></tr></table> |
| 12* | Statement Covers Period (Dates of Service) | 2300 | DTP | DTP03 | 1251 | DTP01 (374) = 434 (statement) DTP02 (1250)=RD8 (Date Range) | 135 | 24A 1-6 | 6 | 162-163 | From and Through dates (beginning and ending) dates of patient care. Discharge date will be derived from the "through date"<br><table><tr><td>~</td><td>CCYYMMDD -CCYYMMDD format</td></tr><tr><td>~</td><td>Use dates from Dates of Service fields. If only one date exists, use it as both the beginning and ending dates.</td></tr></table> | Segment Example: DTP*434*RD8*20061003-20061018~ |

* Required Field    ** Required if present in the record

| Segment # | Data Segment / Element Description | 837 Loop | Segment ID | Reference Description | 837 Data Element | Qualifier | Position | HCFA 1500 Field # | UB04 FL # | 837 Manual Page # | Definition and Description | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 13* | Admission Date (Date of Service) | 2300 | DTP | DTP03 | 1251 | DTP01 (374)=435 (statement) DTP02 (1250)-DT (Date/Time) | 135 | 24A1 | 12 | 164-165 | **Date of admission** as outpatient <br> ~ CCYYMMDDHHMM format <br> ~ No hyphens or slashes <br> ~ Admission date cannot precede birth date or 1993 <br> ~ Discharge date cannot precede admission date <br> ~ Use beginning date from Dates of Service field | Segment Example: DTP*435*DT*200610030237 ~ |
| 17* | Principal Diagnosis | 2300 | HI | HI01-2 | CO22 | HI01-1=BK | 231 | 21-1 | 67 | 234-236 | **Principal Diagnosis** must be valid ICD-9-CM code established after admission as the primary reason for outpatient care necessity <br><br> ~ Must be consistent with patient's age and gender <br> ~ No decimals | Segment Example: <br><br> Outpatient: HI*BK:78659*ZZ:78650~ |

* Required Field   ** Required if present in the record

| Segment # | Data Segment / Element Description | 837 Loop | Segment ID | Reference Description | 837 Data Element | Qualifier | Position | HCFA 1500 Field # | UB04 FL # | 837 Manual Page # | Definition and Description | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18** | Other Diagnoses | 2300 | HI | HI0x-2 | C022 | HI0x-1=BF (Other Dx) | 231 | 21 2-4 | 67 A-Q | 239-248 | Additional conditions that exist at time of admission, or develop during facility stay, and have effect on the treatment provided or the length of stay<br><br>~ Up to 24 Other Diagnoses are accepted. If more exists, include only those that affect the patient's treatment or length of stay. Avoid symptom codes.<br>~ Must be consistent with patient's age and gender<br>~ No decimals | Repeat data segment /loop as many times as necessary to complete all diagnoses, up to a total of 24 secondary diagnoses<br><br>Segment Example:<br>HI*BF:99883*BF:42731*BF:2761*BF:V433*BF:41400*BF:4019*BF:2449*BF:28529~ |
| 19* | 1st Position Procedure Code and Date | 2300 | HI | HI101 | C022 | HI0x-1=BR (OP CPT) ~ HI0x-3=D8 (Date) | 231 | 24D1 ~ 24A | 74 | 249-250 | **Code** for procedure performed for definitive treatment, not for exploratory purposes<br><br>~ Only CPT®/HCPCS and associated Modifiers accepted for **Outpatient**. HCPCS modifiers are acceptable on CPT® codes.<br>~ No decimals or hyphens<br>~ Must be consistent with patient's gender<br>~ Must be valid code/modifiers for discharge date timeframe<br><br>**Date** must be in CCYYMMDD format<br><br>~ Pull from Dates of Service field<br>~ No hyphens or slashes<br>~ Cannot occur after discharge date<br>~ Procedure date can be prior to the admission date | Segment Example:<br>HI*BP:76086:D8:20061006~ |

\* Required Field   \*\* Required if present in the record

| Segment # | Data Segment / Element Description | 837 Loop | Segment ID | Reference Description | 837 Data Element | Qualifier | Position | HCFA 1500 Field # | UB04 FL # | 837 Manual Page # | Definition and Description | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20** | Other Procedure Codes and Dates | 2300 | HI | HI101 | C022 | HI0x-1=BO (OP CPT) ~ HI0x-1=D8 (Date) | 231 | 24A 2-6 ~ 24A | 74 A-E | 251-262 | **Codes** for additional procedures performed other than principal procedure <br><br> ~ Must be consistent with patient's gender <br> ~ Coding methods as for Principal Procedure <br><br> **Date** must be in CCYYMMDD format <br><br> ~ Pull from Dates of Service field <br> ~ No hyphens or slashes <br> ~ Procedure date cannot occur after discharge date <br> ~ Procedure date can be prior to admission date <br> ~ Required if corresponding procedure is recorded | Data segment/loop contains space for 12 procedures, and can be repeated twice to complete all procedures, up to a total of 24 secondary procedures. <br><br> Segment Example: HI*BQ:7761:D8:20061006*BQ:7761:D8: 20061010*BQ:8382:D8:2006 1010:BQ: 101006:D8:20061010*BQ:3893:D8: 20061004~ |
| 27* | Attending Clinician NPI | 2310A | NM1 | NM109 | 67 | | 250 | 17b or 32b | 76 | 328-330 | Identifies attending clinician, who is expected to certify and recertify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment. <br><br> ~ Enter physicians NPI from whichever HCFA 1500 field is appropriate, 17b or 32b | Segment Example: NM1*71*1******0B:036105759~ |

* Required Field   ** Required if present in the record

| Segment # | Data Segment / Element Description | 837 Loop | Segment ID | Reference Description | 837 Data Element | Qualifier | Position | HCFA 1500 Field # | UB04 FL # | 837 Manual Page # | Definition and Description | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 29* | Operating Clinician NPI | 2310B | NM1 | NM109 | 67 | | 250 | 17b or 32b | 77 | 335-337 | ID # of the individual with the primary responsibility for performing the surgical procedure(s). <br><br> ~ Enter physician's NPI from whichever HCFA 1500 field is appropriate, 17b or 32b <br> ~ Most likely is the same as the Attending Clinician. NPI must be entered in both fields | Segment Example: NM1*72*1*****0B:036089268~ |
| 30** | 2nd Insurance Group # | 2320 | SBR | SBR03 | 127 | SBR01=S (Secondary) | 290 | 9a | 62B | 353-358 | Same instructions as segment #4 <br><br> Located in Other Subscriber Information Segment | Segment Example: SBR*S*18*NONE*MEDICARE ****98910~ |
| 32** | 2nd Individual Payer Name | 2330B | NM1 | NM103 NM109 | 1035 67 | NM101=PR (Payer) NM102 (1065)=2 | 325 | 9d | 50B | 404-405 | Expected Secondary Payment Source <br><br> ~ Same instructions as for data segment #6 | Segment Example: NM1*PR*2*MEDICARE****98910~ |
| 34** | Units of Service ~ HCPCS Service Line Item and Modifier ~ Total Charges Per CPT®/HCPCS Code | 2400 | SV2 | SV201 SV202-2-6 SV203 SV205 | 234 C003 782 355 380 | SV202-1=HC (CPT / HCPCS Code List) ~ SV204 (355) = DA (Days) or = UN (units) | 375 | 24G ~ 24D 1-6 ~ 24F 1-6 | 44 ~ 46 ~ 47 | 435-440 | **Units of Service** is a quantitative measurement of services rendered per procedure or charge <br><br> **CPT/HCPCS Service Line Item** codes plus modifiers, if applicable. <br><br> ~ 5 digit code, plus up to four 2-digit modifiers may be reported for any service line item. HCPCS modifiers are accepted on CPT® codes. <br> ~ **First line item and charge are Required. All others are When Available.** | Repeat segment for units, and line items as many times as is necessary to complete all charges. <br><br> Must be valid code/modifiers for discharge date timeframe <br><br> Segment Example: LX*3~ SV2*0214*363.90*DA*3~ LX*4~ |

* Required Field   ** Required if present in the record

| Segment # | Data Segment / Element Description | 837 Loop | Segment ID | Reference Description | 837 Data Element | Qualifier | Position | HCFA 1500 Field # | UB04 FL # | 837 Manual Page # | Definition and Description | Reference Charts |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | ~ **CPT®/HCPCS Service Line Items and Dates** must also be reported in the Procedure Codes and Date fields. | SV2*0250**1337.90*UN*242~ |
| | | | | | | | | | | | **Total Charges** for each CPT®/HCPCS code | |
| | | | | | | | | | | | ~ At least one charge is required for every patient case | |
| | | | | | | | | | | | ~ Enter all charges that appear on the patient case | |
| | | | | | | | | | | | ~ The sum of all charges must = the total charges for the case | |
| | | | | | | | | | | | **There must be a related Charge for every Service Line Item on the patient record.** | |
| 35** | CPT®/HCPCS Service Date | 2400 | DTP | DTP03 | 1251 | DTP02=D8 (Date) | 455 | 24A 2-6 | 45 | 445-446 | Service Date for each CPT®/HCPCS code reported in data segment #34 | |
| | | | | | | | | | | | ~ CCYYMMDD format | Segment Example: LX*1 SV2*0250**18.7*UN*2~ **DTP*472*D8*20061102~** LX*2~ SV2*0270**93*UN*3~ **DTP*472*D8*20061102~** |
| | | | | | | | | | | | ~ Repeat service date segment as many times as necessary to provide a date for each associated CPT®/HCPCS service line item listed in element | |

* Required Field   ** Required if present in the record

# Appendix A - Zoned Decimal Representation

Flat file layouts use a zoned decimal in charge fields.  This method of programming allows the use of the same amount of space for a positive or negative number.  The table below illustrates the characters used in the last space in the field to designate a specific number as either a positive or a negative for the field:

| Zoned Decimal Character | Numeric Value |
| --- | --- |
| A | 1 |
| B | 2 |
| C | 3 |
| D | 4 |
| E | 5 |
| F | 6 |
| G | 7 |
| H | 8 |
| I | 9 |
| { | 0 |
| J | -1 |
| K | -2 |
| L | -3 |
| M | -4 |
| N | -5 |
| O | -6 |
| P | -7 |
| Q | -8 |
| R | -9 |
| } | -0 |

One of these characters would appear as the last digit of the charge field.  Zoned decimals last digit indicates both the digit and the sign.

## Record Edits

Each record submitted is screened for proper format and content.  Details on the edits and cross edits performed are included so you may tailor your own system to perform these edits prior to submission, thereby reducing the number of records rejected.  In certain cases, an entire batch can be rejected.  The following pages contain a detail list of record edits.

| Field Name | KY Edit # | Validation Intent/Logic | Message to End-User |
|---|---|---|---|
| ADAT | **1080** | Admission Date NULL. Mark ADAT invalid if NULL. | Admission Date is a required field. |
| ADAT | **2020** | Admission Date not a valid date. Mark ADAT invalid if not a valid date. | Admission Date does not correspond to a valid date (mmddyyyy). |
| ADAT | **4200** | Admission Date is after current date. Mark ADAT invalid if occurs after current date. | Admission Date cannot occur after current date. |
| ADAT | **5010** | Admission Date must be equal to Birth Date when Principal Diagnosis is V30-V37 with a fourth digit of "0". Mark ADAT invalid if Newborn has Admission Date prior to Date of Birth. | Admission Date must be equal to Birth Date when Principal Diagnosis is V30-V37 with a fifth digit of "0". |
| ADAT | **5020** | Admission Date and Date of Birth do not coincide with DXP. Mark ADAT to match Iowa's edit. | Admission Date can be no more than two days after Birth Date when Principal Diagnosis is V30-V37 with a fifth digit of "1". |
| ADAT | **5050** | Admission Date cannot occur before Discharge Date. Mark ADAT invalid if DDAT is before ADAT. | Discharge Date cannot occur before Admission Date. |
| ADMH | **1310** | Admission Hour is NULL. Mark ADMH invalid if NULL. | Admission Hour is required. |
| ADMH | **2130** | Admission Hour is not valid. Mark ADMH invalid if populated with anything; needs to be an hour of the day (e.g. 01, 02, 03…..23). | Admit hour must be two-digit hour of the day (00 to 23). |
| ADMS | **1060** | Source of Admission NULL. Mark ADMS invalid if NULL. | Source of Admission is a required field. |
| ADMS | **3050** | Source of Admission not valid. Mark ADMS invalid if does not match lookup table. | Source of Admission does not correspond to accepted values. |
| ADMS | **5190** | Source of Admission not valid for Type of Admission (newborn). Mark ADMS invalid if does not match lookup table. DATE SENSITIVE EDIT. | Source of Admission is inconsistent with Type of Admission 4 (newborn). |
| ADMT | **1070** | Type of Admission NULL. Mark ADMT invalid if NULL. | Type of Admission is a required field. |
| ADMT | **3060** | Type of Admission not valid. Mark ADMT invalid if does not match lookup table. | Type of Admission does not correspond to accepted values. |
| ADMT | **5200** | Type of Admission not consistent with Principal Diagnosis. Mark ADMT to match Iowa's edit. | Principal Diagnosis of V3x with a fifth digit of 0 requires Type of Admission to be 4 (newborn). |
| BDAT | **1010** | Date of Birth NULL. Mark BDAT invalid if NULL. | Date of Birth is a required field. |
| BDAT | **2010** | Date of Birth not a valid date. Mark BDAT invalid if not a valid date. | Date of Birth does not correspond to a valid date (mmddyyyy). |

| Field Name | KY Edit # | Validation Intent/Logic | Message to End-User |
|---|---|---|---|
| BDAT | 4040 | Date of Birth exceeds human lifespan. Mark BDAT invalid if age exceeds lifespan of 120 years. | Date of Birth exceeds human lifespan of 120 years. |
| BDAT | 5070 | Date of Birth must be less than or equal to the Admission Date. Mark BDAT invalid if Date of Birth is before Admission Date. | Date of Birth must be less than or equal to the Admission Date. |
| BILLTYPE | 1160 | BILLTYPE is a required field. Mark BILLTYPE invalid if NULL. (Default record to outpatient) | Type of Bill is a required field. |
| BILLTYPE | 3180 | Type of Bill not valid. | Type of Bill does not correspond to accepted values. |
| BLANK | 6020 | Used by Create New Record page to mark new created manually. | Patient record is blank. |
| BWCODE | 3420 | Birth Weight Value Code is invalid. Mark BWVALUE invalid if ADMT = 4 AND not equal to 54. | Newborn Birth Weight Value Code is invalid. |
| BWCODE | 4220 | Birth Weight Value Code is NULL on required records. Mark BWVALUE invalid if NULL AND ADMT = 4. Inpatient? | Newborn Birth Weight Value Code is required if Inpatient and Admission Type = 4 (NB). |
| BWCODE | 4221 | Birth Weight Code is not required on this patient. Mark BWCODE invalid if ADMT is anything EXCEPT 4 (NB) and BWCODE is populated. | Newborn Birth Weight Value Code cannot be specified unless Inpatient and Admission Type = 4 (NB). |
| BWGRAMS | 2150 | Birth Weight Grams is not numeric. Mark BWGRAMS invalid if not numeric. | Newborn Birth Weight must be numeric. |
| BWGRAMS | 4140 | Birth Weight Grams NULL on required records. Mark BWGRAMS invalid if NULL for inpatients with ADMT = 4 (NB). | Newborn Birth Weight is required if Inpatient and Admission Type = 4 (NB). |
| BWGRAMS | 4150 | Birth Weight Grams is not required on this patient. Mark BWGRAMS invalid if ADMT is anything EXCEPT 4 (NB) and BWGRAMS is populated. | Newborn Birth Weight cannot be specified unless Inpatient and Admission Type = 4 (NB). |
| BWGRAMS | 4230 | Birth Weight Grams invalid for this DXP/DX. Mark BWGRAMS invalid if does not match range of weights for 5th digit. See separate definition. | Newborn Birth Weight does not match diagnosis code range. |
| CITY | 4263 | Patient's City is required if meets criteria for KBSR submission. Mark CITY invalid if NULL. | Patient's City is required for KBSR reporting. |
| DX | 1260 | Additional Diagnosis is NULL. Mark DX invalid if NULL. | Additional Diagnosis is a required field. |
| DX | 3230 | Additional Diagnosis not valid. Mark DX invalid if does not match lookup table. | Additional Diagnosis does not correspond to accepted values. |
| DX | 4080 | Additional Diagnosis does not match lookup table. Mark DX invalid. | Additional Diagnosis contains a valid diagnosis code, but not a valid additional diagnosis code. |

| Field Name | KY Edit # | Validation Intent/Logic | Message to End-User |
|---|---|---|---|
| DX | **5120** | Principal Diagnosis Has A Duplicate Additional Diagnosis code. Mark DX if code in DXP is repeated in DX. | Duplicates of the Principal Diagnosis code are not permitted in Additional Diagnosis. |
| DX | **5130** | Additional Diagnosis of V27 must have a corresponding Principal Diagnosis of 650, or 640-676 with a 5th digit of 1 or 2. Mark DX invalid to match Iowa's edit. | Additional Diagnosis of V27 must have a corresponding Principal Diagnosis of 650, or 640-676 with a 5th digit of 1 or 2. |
| DX | **5140** | Principal Diagnosis code 650 should not appear with Additional Diagnosis codes 640-676. Mark DX invalid to match Iowa's edit. | Principal Diagnosis code 650 should not appear with Additional Diagnosis codes 640-676. |
| DX | **5260** | Sex and Additional Diagnosis do not correspond. Mark DX invalid if sex and code do not match lookup table. | Additional Diagnosis is gender-specific and does not match the Sex specified. |
| DX | **5280** | Additional Diagnosis of 640-676 with Principal Diagnosis of 640-676 requires the fifth digit of both to be paired as 0:0, 3:3, 4:4, or a combination of 1 and 2. Mark DX invalid to match Iowa's edit. | Additional Diagnosis of 640-676 with Principal Diagnosis of 640-676 requires the fifth digit of both to be paired as 0:0, 3:3, 4:4, or a combination of 1 and 2. |
| DX | **5310** | Duplicate Additional Diagnosis codes are not permitted. Mark DX invalid to match Iowa's edit. Mark Additional Diagnoses (words on edit screen) invalid if no DXP or DX match KBSR flagged diagnoses. | Duplicate Additional Diagnosis codes are not permitted. |
| DX | **5412** | Age 15 and up admit dx for adults only. Mark DX invalid if does not match Adult age requirement in lookup table. | Additional Diagnosis is adult-specific and does not agree with this patient's age. |
| DX | **5422** | Age > 0 and admit dx for infants only. Mark DX invalid if does not match Newborn age requirement in lookup table. | Additional Diagnosis is newborn-specific and does not agree with this patient's age. |
| DX | **5432** | Age 0 - 17 and admit dx for children only. Mark DX invalid if does not match Pediatric age requirement in lookup table. | Additional Diagnosis is pediatric-specific and does not agree with this patient's age. |
| DX | **5442** | Age # 12-55 admit dx for women of childbearing years. Mark DX invalid if does not match Maternity age requirement in lookup table. | Additional Diagnosis is maternity-specific and does not agree with this patient's age. |
| DX_POA | **1414** | | Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt. |
| DX_POA | **3364** | Present on Admission code not valid on this type of patient. Mark DXPPOA invalid if PTTYPE = 2. | Present on Admission code is valid for inpatients only. |
| DX_POA | **3374** | Present on Admission code required for this type of patient. Mark DXPPOA invalid if NULL and PTTYPE = 1. | Present on Admission code is required for inpatients with this diagnosis. |

| Field Name | KY Edit # | Validation Intent/Logic | Message to End-User |
|---|---|---|---|
| DX_POA | **3384** | Present on Admission code present on POA exempt code.  Mark DXPPOA invalid if present on POA exempt diagnosis. | Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank. |
| DX_POA | **3394** | Present on Admission code invalid. Mark DXPPOA as invalid if does not match lookup table.  POA of "1" is considered blank. | Present on Admission code does not correspond to accepted values for this diagnosis. |
| DXA | **1100** | Admitting Diagnosis is NULL.  Mark DXA invalid if inpatient and NULL. | Admitting Diagnosis is a required field. |
| DXA | **3080** | Admitting Diagnosis not valid.  Mark DXA invalid if Diagnosis Version and code do not match lookup table. | Admitting Diagnosis does not correspond to accepted values. |
| DXA | **5250** | Sex and Admitting Diagnosis do not correspond.  Mark DXA invalid if code if sex and code do not match in lookup table. | Admitting Diagnosis is gender-specific and does not match the Sex specified. |
| DXA | **5411** | Age 15 and up admit dx for adults only. Mark DXA invalid if does not match Adult age requirement in lookup table. | Admitting Diagnosis is adult-specific and does not agree with this patient's age. |
| DXA | **5421** | Age > 0 and admit dx for infants only. Mark DXA invalid if does not match Newborn age requirement in lookup table. | Admitting Diagnosis is newborn-specific and does not agree with this patient's age. |
| DXA | **5431** | Age 0 - 17 and admit dx for children only.  Mark DXA invalid if does not match Pediatric age requirement in lookup table. | Admitting Diagnosis is pediatric-specific and does not agree with this patient's age. |
| DXA | **5441** | Age # 12-55 admit dx for women of childbearing years.  Mark DXA invalid if does not match Maternity age requirement in lookup table. | Admitting Diagnosis is maternity-specific and does not agree with this patient's age. |
| DXE1 | **3340** | Same as IA 3090: External Cause of Injury does not correspond to accepted values.  Mark DXE invalid if does not match lookup table. | External Cause of Injury does not correspond to accepted values. |
| DXE1 | **5254** | Sex and ECODE do not correspond. | External Cause of Injury is gender-specific and does not match the Sex specified. |
| DXE1 | **5416** | Ages 15 and up admit dx for adults only. | External Cause of Injury is adult-specific and does not agree with this patient's age. |
| DXE1 | **5426** | Age > 0 and admit dx for infants only. | External Cause of Injury is newborn-specific and does not agree with this patient's age. |
| DXE1 | **5436** | Age 0 - 17 and admit dx for children only. | External Cause of Injury is pediatric-specific and does not agree with this patient's age. |

| Field Name | KY Edit # | Validation Intent/Logic | Message to End-User |
|---|---|---|---|
| DXE1 | **5446** | Age # 12-55 admit dx for women of childbearing years. | External Cause of Injury is maternity-specific and does not agree with this patient's age. |
| DXE1_POA | **1411** | | Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt. |
| DXE1_POA | **3361** | Present on Admission code not valid on this type of patient. Mark DXPPOA invalid if PTTYPE = 2. | Present on Admission code is valid for inpatients only. |
| DXE1_POA | **3371** | Present on Admission code required for this type of patient. Mark DXPPOA invalid if NULL and PTTYPE = 1. | Present on Admission code is required for inpatients with this diagnosis. |
| DXE1_POA | **3381** | Present on Admission code present on POA exempt code. Mark DXPPOA invalid if present on POA exempt diagnosis. | Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank. |
| DXE1_POA | **3391** | Present on Admission code invalid. Mark DXPPOA as invalid if does not match lookup table. POA of "1" is considered blank. | Present on Admission code does not correspond to accepted values for this diagnosis. |
| DXE2 | **3341** | Same as IA 3090: External Cause of Injury does not correspond to accepted values. Mark DXE invalid if does not match lookup table. | External Cause of Injury does not correspond to accepted values. |
| DXE2 | **5255** | Sex and ECODE do not correspond. | External Cause of Injury is gender-specific and does not match the Sex specified. |
| DXE2 | **5417** | Ages 15 and up admit dx for adults only. | External Cause of Injury is adult-specific and does not agree with this patient's age. |
| DXE2 | **5427** | Age > 0 and admit dx for infants only. | External Cause of Injury is newborn-specific and does not agree with this patient's age. |
| DXE2 | **5437** | Age 0 - 17 and admit dx for children only. | External Cause of Injury is pediatric-specific and does not agree with this patient's age. |
| DXE2 | **5447** | Age # 12-55 admit dx for women of childbearing years. | External Cause of Injury is maternity-specific and does not agree with this patient's age. |
| DXE2_POA | **1412** | | Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt. |
| DXE2_POA | **3362** | Present on Admission code not valid on this type of patient. Mark DXPPOA invalid if PTTYPE = 2. | Present on Admission code is valid for inpatients only. |
| DXE2_POA | **3372** | Present on Admission code required for this type of patient. Mark DXPPOA invalid if NULL and PTTYPE = 1. | Present on Admission code is required for inpatients with this diagnosis. |

| Field Name | KY Edit # | Validation Intent/Logic | Message to End-User |
|---|---|---|---|
| DXE2_POA | **3382** | Present on Admission code present on POA exempt code. Mark DXPPOA invalid if present on POA exempt diagnosis. | Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank. |
| DXE2_POA | **3392** | Present on Admission code invalid. Mark DXPPOA as invalid if does not match lookup table. POA of "1" is considered blank. | Present on Admission code does not correspond to accepted values for this diagnosis. |
| DXE3 | **3342** | Same as IA 3090: External Cause of Injury does not correspond to accepted values. Mark DXE invalid if does not match lookup table. | External Cause of Injury does not correspond to accepted values. |
| DXE3 | **5256** | Sex and ECODE do not correspond. | External Cause of Injury is gender-specific and does not match the Sex specified. |
| DXE3 | **5418** | Ages 15 and up admit dx for adults only. | External Cause of Injury is adult-specific and does not agree with this patient's age. |
| DXE3 | **5428** | Age > 0 and admit dx for infants only. | External Cause of Injury is newborn-specific and does not agree with this patient's age. |
| DXE3 | **5438** | Age 0 - 17 and admit dx for children only. | External Cause of Injury is pediatric-specific and does not agree with this patient's age. |
| DXE3 | **5448** | Age # 12-55 admit dx for women of childbearing years. | External Cause of Injury is maternity-specific and does not agree with this patient's age. |
| DXE3_POA | **1413** | | Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt. |
| DXE3_POA | **3363** | Present on Admission code not valid on this type of patient. Mark DXPPOA invalid if PTTYPE = 2. | Present on Admission code is valid for inpatients only. |
| DXE3_POA | **3373** | Present on Admission code required for this type of patient. Mark DXPPOA invalid if NULL and PTTYPE = 1. | Present on Admission code is required for inpatients with this diagnosis. |
| DXE3_POA | **3383** | Present on Admission code present on POA exempt code. Mark DXPPOA invalid if present on POA exempt diagnosis. | Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank. |
| DXE3_POA | **3393** | Present on Admission code invalid. Mark DXPPOA as invalid if does not match lookup table. POA of "1" is considered blank. | Present on Admission code does not correspond to accepted values for this diagnosis. |
| DXP | **1090** | Principal Diagnosis NULL. Mark DXP if NULL. | Principal Diagnosis is a required field. |
| DXP | **3070** | Principal Diagnosis not valid. Mark DXP invalid if Diagnosis Version and code do not match lookup table. | Principal Diagnosis does not correspond to accepted values. |

| Field Name | KY Edit # | Validation Intent/Logic | Message to End-User |
|---|---|---|---|
| DXP | 5240 | Sex and Primary Diagnosis do not correspond. Mark DXP if sex and code do not agree with lookup table. | Principal Diagnosis is gender-specific and does not match the Sex specified. |
| DXP | 5410 | Age 15 and up admit dx for adults only. Mark DXP invalid if does not match Adult age requirement in lookup table. | Principal Diagnosis is adult-specific and does not agree with this patient's age. |
| DXP | 5420 | Age > 0 and admit dx for infants only. Mark DXP invalid if does not match Newborn age requirement in lookup table. | Principal Diagnosis is newborn-specific and does not agree with this patient's age. |
| DXP | 5430 | Age 0 - 17 and admit dx for children only. Mark DXP invalid if does not match Pediatric age requirement in lookup table. | Principal Diagnosis is pediatric-specific and does not agree with this patient's age. |
| DXP | 5440 | Age # 12-55 admit dx for women of childbearing years. Mark DXP invalid if does not match Maternity age requirement in lookup table. | Principal Diagnosis is maternity-specific and does not agree with this patient's age. |
| DXP | 5530 | Principal dx of 650 inconsistent with C-section proc code. Mark DXP invalid if PRP = 650 and PRP or PR have code = 740-7499. | Principal Diagnosis of 650 is inconsistent with C-section procedure code. |
| DXP | 5400 | Principal diagnosis does not contain a valid principal dx code. Mark DXP invalid if lookup does not match valid principal diagnosis criteria. | Principal Diagnosis does not contain a valid Principal Diagnosis code. |
| DXP_POA | 1410 | | Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt. |
| DXP_POA | 3360 | Present on Admission code not valid on this type of patient. Mark DXPPOA invalid if PTTYPE = 2. | Present on Admission code is valid for inpatients only. |
| DXP_POA | 3370 | Present on Admission code required for this type of patient. Mark DXPPOA invalid if NULL and PTTYPE = 1. | Present on Admission code is required for inpatients with this diagnosis. |
| DXP_POA | 3380 | Present on Admission code present on POA exempt code. Mark DXPPOA invalid if present on POA exempt diagnosis. | Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank. |
| DXP_POA | 3390 | Present on Admission code invalid. Mark DXPPOA as invalid if does not match lookup table. | Present on Admission code does not correspond to accepted values for this diagnosis. |
| ETHNICITY | 1330 | Ethnicity is a required field. Mark ETHNICITY if NULL. | Ethnicity is a required field. |
| ETHNICITY | 3260 | Ethnicity not valid. Mark ETHNICITY if does not match lookup. | Ethnicity does not correspond to accepted values. |
| HCPCSRATE | 3220 | HCPCS/CPT not valid. Mark HCPCSRATE invalid if does not match lookup table. | CPT/HCPCS does not correspond to accepted values. |

| Field Name | KY Edit # | Validation Intent/Logic | Message to End-User |
|---|---|---|---|
| HCPCSRATE | 3222 | Invalid HCPCS/CPT Modifier. Mark HCPCSRATE invalid if modifier does not match lookup table. Iowa looks at 2 two-digit modifiers. Kentucky needs up to 4 two-digit modifiers checked if populated. Modify Edit #3222 to check for the 4 two-digit modifier codes. | CPT/HCPCS modifier does not correspond to accepted values. |
| HCPCSRATE | 5330 | HCPCS/CPT code is gender specific and does not match the Sex specified. Mark HCPCSRATE invalid if sex does not match lookup table. | CPT/HCPCS code is gender-specific and does not match the Sex specified. |
| INSUREDID | 4267 | Primary Insured's Unique ID is required if meets criteria for KBSR submission. Mark INSUREDID invalid if NULL. | Primary Insured's Unique ID is required for KBSR reporting. |
| MRN | 4264 | Medical Health Record # is required if meets criteria for KBSR submission. Mark MRN invalid if NULL. | Medical Health Record # is required for KBSR reporting. |
| PCONTROL | 6010 | Used by Validation Engine to mark duplicate records | Another record from this facility with the same Patient Control Number has been located. |
| PINA | 1110 | Attending Clinician ID NULL. Mark PINA invalid if NULL. | Attending Clinician ID is a required field. |
| PINA | 3110 | Attending Clinician ID does not correspond to accepted values. Mark PINA invalid if does not match lookup table. | Attending Clinician ID does not correspond to accepted values. |
| PINB | 3120 | Operation Clinician ID #1 does not correspond to accepted values. Mark PINB invalid if does not match lookup table. | Operation Clinician ID does not correspond to accepted values. |
| PINB | 4270 | Operation Clinician required for when Principal Procedure present. Mark PINB invalid if NULL when inpatient and PRP is populated. | Operation Clinician ID is required if Principal Procedure has been specified. |
| PINB | 4280 | Operation Clinician is required when Place Of Service is 1. | Operation Clinician ID is required when Place of Service is 1. |
| PINC | 3130 | Admitting Clinician NPI does not correspond to accepted values. Mark PINC invalid if does not match lookup table. | Admitting Clinician ID does not correspond to accepted values. |
| PIND | 3410 | 2nd Other Clinician invalid. Mark PIND invalid if does not match lookup table. | 2nd Other Clinician ID does not correspond to accepted values. |
| PR | 1270 | Additional Procedure is NULL when Additional Procedure Date is present. Mark PR invalid. | Additional Procedure is a required field. |

| Field Name | KY Edit # | Validation Intent/Logic | Message to End-User |
|---|---|---|---|
| PR | **3240** | Mark PR invalid if ICD-9 code does not match tlkProcedure lookup table. | Additional Procedure does not correspond to accepted values. |
| PR | **3241** | PR invalid. Mark PR invalid if CPT or HCPCS code does not match lookup table. | Additional Procedure does not correspond to accepted values. |
| PR | **3242** | Invalid PR Modifier. Mark PR invalid if modifier does not match lookup table. Iowa looks at 2 two-digit modifiers. Kentucky needs up to 4 two-digit modifiers checked if populated. | Additional Procedure modifier does not correspond to accepted values. |
| PR | **5040** | Mark PR invalid if code and sex do not agree in lookup table. | Additional Procedure is gender-specific and does not match Sex specified. |
| PR | **5041** | PR invalid. Mark PR invalid if CPT or HCPCS code and sex do not match in lookup table. | Additional Procedure is gender-specific and does not match Sex specified. |
| PRD | **1280** | Mark PR invalid if NULL. | Additional Procedure Date is a required field. |
| PRD | **2080** | Mark PRD invalid if date is not a valid format. | Additional Procedure Date does not correspond to a valid date (mmddyyyy). |
| PRD | **4090** | Mark PRD invalid if date is outside of rules. | Procedure Date occurs outside boundaries of the admission and discharge dates (72 hours prior to admission date is allowed). |
| PRP | **1300** | PRP Required when a PR exists. Mark PRP invalid if PR present but PRP NULL. | Principal Procedure is required when Additional Procedures are present. |
| PRP | **3140** | Mark PRP invalid if ICD-9 code does not match tlkProcedure lookup table. | Principal Procedure does not correspond to accepted values. |
| PRP | **3141** | PRP invalid. Mark PRP invalid if CPT or HCPCS code does not match lookup table. | Principal Procedure does not correspond to accepted values. |
| PRP | **3142** | PRP invalid. Mark PRP invalid if CPT or HCPCS code does not match lookup table. | Principal Procedure modifier does not correspond to accepted values. |
| PRP | **5030** | Mark PRP invalid if ICD-9 procedure code and sex do not match in lookup table. | Principal Procedure is gender-specific and does not match Sex specified. |
| PRP | **NEED NEW EDIT** | Mark PRP invalid if NULL and pttype = 2 or 3 | CPT/HCPCS code is required for Outpatient and Ambulatory Facility records. |
| PRP | **5031** | PRP invalid. Mark PRP invalid if CPT or HCPCS code and sex do not match in lookup table. | Principal Procedure is gender-specific and does not match Sex specified. |
| PRPD | **2030** | Mark PRPD invalid if not a valid date format. | Principal Procedure Date does not correspond to a valid date (mmddyyyy). |
| PRPD | **4030** | Mark PRPD invalid if date is outside rules. | Principal Procedure Date occurs outside the boundaries of admission and discharge dates (72 hours prior to admission date is allowed). |

| Field Name | KY Edit # | Validation Intent/Logic | Message to End-User |
|---|---|---|---|
| PRPD | 5290 | Mark PRPD invalid if either principal proc date or principal proc code are NULL. | Principal Procedure and Principal Procedure Date must be paired. |
| PTNAME | 4250 | KBSR information submitted but KBSR definition for age and diagnosis not met. Mark **[KBSR Field Group]** invalid if KBSR definition for age and diagnosis not met. | KBSR information included on record but KBSR diagnosis and age requirement not met. |
| PTNAME | 4251 | KBSR information submitted but KBSR definition for age not met. Mark KBSR FIELD GROUP if age requirement for KBSR not met. | KBSR information included on record but age requirement for KBSR not met. |
| PTNAME | 4252 | KBSR information submitted but KBSR definition for required diagnosis not met. Mark KBSR FIELD GROUP invalid if KBSR definition for diagnosis not met. | KBSR information included but KBSR definition for diagnosis not met. |
| PTNAME | 4261 | Patient's Name is required if meets criteria for KBSR submission. Mark PTNAME invalid if NULL. | Patient's Name is required for KBSR reporting. |
| PTSTATUS | 1130 | Patient Status NULL. Mark PTSTATUS invalid if NULL. | Patient Status is a required field. |
| PTSTATUS | 3150 | Patient Status not valid. Mark PTSTATUS invalid if does not match lookup table for specific dates. | Patient Status does not correspond to accepted values. |
| PTSTATUS | 3400 | Patient Status not valid. Mark PTSTATUS invalid if = 30. | Patient Status 30 not allowed on final bill. |
| PTSTATUS | 4110 | Patient Status invalid. Mark PTSTATUS invalid if PTSTATUS = 9 AND PTTYPE not equal to 2 AND SOP not equal to **98910 or 98945** | Patient status of 09 requires the type of patient be an Outpatient and Source of Pay to be Medicare. |
| RACE | 1050 | Race NULL. Mark RACE if NULL. | Race is a required field. |
| RACE | 3040 | Race not valid. Mark RACE if does not match lookup table. | Race does not correspond to accepted values. |
| REASVISIT1 | 1101 | Reason for Visit Diagnosis NULL. Mark REASVISIT invalid if NULL. Alter Edit #1100 to use field name change and apply to outpatients only. | Patient's Reason for Visit is a required. |
| REASVISIT1 | 3081 | Reason for Visit Diagnosis not valid. Mark REASVISIT invalid if Diagnosis Version and code do not match lookup. Alter Edit #3080 to change field name and apply to outpatients only. | Patient's Reason for Visit does not correspond to accepted values. |
| REASVISIT1 | 5251 | Sex and Reason for Visit Diagnosis do not correspond. Mark REASVISIT invalid if code and sex do not match in lookup table. Alter Edit #5250 to change field name and apply to outpatients only. | Patient's Reason for Visit is gender-specific and does not match the Sex specified. |

| Field Name | KY Edit # | Validation Intent/Logic | Message to End-User |
|---|---|---|---|
| REASVISIT1 | **5413** | Ages 15 and up admit dx for adults only.  Mark REASVISIT invalid if code does not match lookup table.  NEW IPOP EDIT. | Patient's Reason for Visit is adult-specific and does not agree with this patient's age. |
| REASVISIT1 | **5423** | Age > 0 and admit dx for infants only.  Mark REASVISIT invalid if code does not match lookup table.  NEW IPOP EDIT. | Patient's Reason for Visit is newborn-specific and does not agree with this patient's age. |
| REASVISIT1 | **5433** | Age 0 - 17 and admit dx for children only.  Mark REASVISIT invalid if code does not match lookup table.  NEW IPOP EDIT. | Patient's Reason for Visit is pediatric-specific and does not agree with this patient's age. |
| REASVISIT1 | **5443** | Age # 12-55 admit dx for women of childbearing years.  Mark REASVISIT invalid if code does not match look up table.  NEW IPOP EDIT. | Patient's Reason for Visit is maternity-specific and does not agree with this patient's age. |
| REASVISIT2 | **3082** | Reason for Visit Diagnosis not valid.  Mark REASVISIT invalid if Diagnosis Version and code do not match lookup.  Alter Edit #3080 to change field name and apply to outpatients only. | Patient's Reason for Visit does not correspond to accepted values. |
| REASVISIT2 | **5252** | Sex and Reason for Visit Diagnosis do not correspond.  Mark REASVISIT invalid if code and sex do not match in lookup table.  Alter Edit #5250 to change field name and apply to outpatients only. | Patient's Reason for Visit is gender-specific and does not match the Sex specified. |
| REASVISIT2 | **5414** | Ages 15 and up admit dx for adults only.  Mark REASVISIT invalid if code does not match lookup table.  NEW IPOP EDIT. | Patient's Reason for Visit is adult-specific and does not agree with this patient's age. |
| REASVISIT2 | **5424** | Age > 0 and admit dx for infants only.  Mark REASVISIT invalid if code does not match lookup table.  NEW IPOP EDIT. | Patient's Reason for Visit is newborn-specific and does not agree with this patient's age. |
| REASVISIT2 | **5434** | Age 0 - 17 and admit dx for children only.  Mark REASVISIT invalid if code does not match lookup table.  NEW IPOP EDIT. | Patient's Reason for Visit is pediatric-specific and does not agree with this patient's age. |
| REASVISIT2 | **5444** | Age # 12-55 admit dx for women of childbearing years.  Mark REASVISIT invalid if code does not match look up table.  NEW IPOP EDIT. | Patient's Reason for Visit is maternity-specific and does not agree with this patient's age. |
| REASVISIT3 | **3083** | Reason for Visit Diagnosis not valid.  Mark REASVISIT invalid if Diagnosis Version and code do not match lookup.  Alter Edit #3080 to change field name and apply to outpatients only. | Patient's Reason for Visit does not correspond to accepted values. |

| Field Name | KY Edit # | Validation Intent/Logic | Message to End-User |
|---|---|---|---|
| REASVISIT3 | 5253 | Sex and Reason for Visit Diagnosis do not correspond. Mark REASVISIT invalid if code and sex do not match in lookup table. Alter Edit #5250 to change field name and apply to outpatients only. | Patient's Reason for Visit is gender-specific and does not match the Sex specified. |
| REASVISIT3 | 5415 | Ages 15 and up admit dx for adults only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT. | Patient's Reason for Visit is adult-specific and does not agree with this patient's age. |
| REASVISIT3 | 5425 | Age > 0 and admit dx for infants only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT. | Patient's Reason for Visit is newborn-specific and does not agree with this patient's age. |
| REASVISIT3 | 5435 | Age 0 - 17 and admit dx for children only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT. | Patient's Reason for Visit is pediatric-specific and does not agree with this patient's age. |
| REASVISIT3 | 5445 | Age # 12-55 admit dx for women of childbearing years. Mark REASVISIT invalid if code does not match look up table. NEW IPOP EDIT. | Patient's Reason for Visit is maternity-specific and does not agree with this patient's age. |
| RELATION | 3430 | Patient's Relationship to Insured not valid. Mark RELATION invalid if does not match lookup table. | Relationship does not correspond to accepted values. |
| RELATION | 4266 | Patient's Relationship to Insured is required if meets criteria for KBSR submission. Mark RELATION invalid if NULL. | Patient's Relationship to Insured is required for KBSR reporting. |
| REVCHG | 1250 | Revenue Charge NULL. Mark REVCHG invalid if NULL. | Revenue Charge is a required field. |
| REVCHG | 2110 | Revenue Charge on 837 formatted correctly. Mark REVCHG invalid if 837 currency not reported as numeric. | Revenue Charge must be numeric. |
| REVCHG | 5365 | Sum up of like Rev Codes must be positive charge (not $0 or negative). Mark REVCHG invalid if sum of like Rev Codes is not a positive number. | Sum of charges for like Revenue Codes must be greater than $0. |
| REVCHG | 5360 | Total charges for Room Revenue Codes must be greater than 0. Mark REVCHG invalid if Rev Code = room and board and REVCHG = $0. | Room and Board Revenue Charges must be greater than $0. |
| REVCODE | 1220 | Revenue Code NULL. Mark REVCODE invalid if NULL. | Revenue Code is a required field. |
| REVCODE | 1350 | More than one total revenue code found (TC counts as the first). Mark the second REVCODE = 0001 invalid if more than one exist on a record. | Revenue Code 0001 should appear only once. |

| Field Name | KY Edit # | Validation Intent/Logic | Message to End-User |
|---|---|---|---|
| REVCODE | 3210 | Revenue Code not valid. Mark REVCODE invalid if does not match lookup table. | Revenue Code does not correspond to accepted values. |
| REVCODE | 5350 | Rev Code for room charge needs to be on all inpatient records. Mark REVCODE invalid if range of Rev Codes like Iowa uses is not on PTTYPE = 1. | At least one revenue code needs to indicate room charges. |
| SERVCODE | 5560 | If no CPT/HCPCS meeting criteria for KY outpatient submission, then mark entire record invalid (next to Outpatient at top) | No CPT/HCPCS meeting OS/ED/OC/OT/MA criteria are on this record. Additional CPT/HCPCS needed or delete record. |
| SERVDATE | 1230 | Service Date NULL. Mark SERVDATE invalid if NULL for outpatients. | Service Date is a required field. |
| SERVDATE | 2070 | Service Date not a valid date. Mark SERVDATE if Patient Type =2 and not a valid date. | Service Date does not correspond to a valid date (mmddyyyy). |
| SERVDATE | 4020 | Service Date outside date boundaries. Mark SERVDATE invalid if outside of admit/discharge. | Service Date occurs outside boundaries of the admission and discharge dates (72 hours prior to admission is allowed; 72 hours after discharge is allowed for Medicaid only). |
| SEX | 1040 | Sex NULL. Mark SEX invalid if NULL. | Sex is a required field. |
| SEX | 3030 | Sex not valid. Mark SEX invalid if does not match lookup table. | Sex does not correspond to accepted values. |
| SOP1 | 1140 | Expected Source of Pay NULL. Mark SOP if NULL. | Expected Source of Pay is a required field. |
| SOP1 | 3160 | Expected Source of Pay not valid. Mark SOP if does not match lookup table. | Expected Source of Pay does not correspond to accepted values. |
| SOP2 | 3170 | Secondary Source of Pay not valid. Mark SOP2 if does not match lookup table. | Secondary Source of Pay does not correspond to accepted values. |
| SOP3 | 3175 | Tertiary Source of Pay not valid. Mark SOP3 if does not match lookup table. | Tertiary source does not correspond to accepted values. |
| ST | 3010 | Patient's State not valid. Mark ST invalid if does not match lookup table. | State does not correspond to accepted values. |
| ST | 4260 | Patient's State is required if meets criteria for KBSR submission. Mark ST invalid if NULL. | Patient's State is required for KBSR reporting. |
| STPERIODF | 1190 | Statement Covers Period From NULL. | Statement Covers Period From Date is a required field. |
| STPERIODF | 2050 | Statement Covers Period From Date not a valid Date. Mark STPERIODF invalid if not a valid date. | Statement Covers Period From Date does not correspond to a valid date (mmddyyyy). |
| STPERIODT | 1200 | Statement Covers Period To NULL. | Statement Covers Period To Date is a required field. |
| STPERIODT | 2060 | Statement Covers Period To not a valid date. Mark STPERIODT invalid if not a valid date. | Statement Covers Period To Date does not correspond to a valid date (mmddyyyy). |

| Field Name | KY Edit # | Validation Intent/Logic | Message to End-User |
|---|---|---|---|
| STPERIODT | 4010 | Statement Covers Period To Date outside boundaries for selected quarter. Mark STPERIODT invalid if date is outside submission quarter. | Statement Covers Period To Date outside boundaries for selected quarter. |
| STREET | 4262 | Patient's Street Address is required if meets criteria for KBSR submission. Mark STREET invalid if NULL. | Patient's Street is required for KBSR reporting. |
| TC | 1150 | Mark TC invalid If NULL. | Total Charges is a required field. |
| TC | 2090 | Revenue Charge on 837 formatted correctly. Mark REVCHG invalid if 837 currency not reported as numeric. | Total Charges must be numeric. |
| TC | 4170 | Total Charges must be greater than 0. Mark REVCHG for Revenue Code 0001 invalid if = 0. | Total Charges must be greater than $0. |
| TC | 4172 | Total Charges cannot be equal to or higher than $10,000,000.00. Mark REVCHG for Revenue Code 0001 invalid if higher. | Total Charges cannot be equal to or greater than $10 million. |
| TC | 5180 | Total of Charges do not equal Total Charge. Mark TC invalid if sum of all other charges does not add up to TC. | The total of all Revenue Charges does not equal the Total Charges. |
| UNITSERV | 1240 | Units of Service NULL. Mark UNITSERV invalid if NULL. | Unit of Service is a required field. |
| UNITSERV | 2100 | Units of Service not numeric. Mark UNITSERV invalid. | Units of Service must be numeric. |
| UNITSERV | 5355 | Units of Service for Rev Codes = room charges must be within 1 day less, equal to, or 1 day greater than LOS. Mark ALL_REV of 1st Rev Code with room charge invalid if not true. | Length of stay must be equal to or within one day of the sum of the room and board revenue code units. |
| WARNING | 6030 | Used by File Parser to mark records that may not have been read correctly. | Unexpected data was encountered while reading this record from the batch file. Please verify the information below is accurate. |
| ZIP | 1030 | Zip Code is a required field. Mark Zip invalid if NULL. | Zip Code is a required field. |
| ZIP | 3020 | Zip Code not valid. Mark Zip invalid if does not match lookup table. | Zip Code does not correspond to accepted values. |
| ZIP | 5230 | Zip Code invalid. Mark ZIP invalid if does not agree with ST. | The Zip Code specified does not correspond to the State. |

## Sample Reports

**IPOP**
Kentucky Inpatient Outpatient Data Collection System

## Primary Source of Pay

All Patient Types
1st Quarter 2010

| Code | Source of Pay | Q4 2009 | Q1 2010 | |
|---|---|---|---|---|
| 98918 | Self Pay | 2764 | 2561 | 25.22 % |
| 98940 | Passport Medicaid Managed Care | 2556 | 2344 | 23.08 % |
| 98924 | Commercial - Other | 1822 | 1765 | 17.38 % |
| 98910 | Medicare (Excluding Managed Care) | 1269 | 1331 | 13.11 % |
| 98923 | Commercial - PPO | 780 | 763 | 7.51 % |
| 98914 | Tricare (Champus) | 600 | 633 | 6.23 % |
| 98945 | Medicare Managed Care | 231 | 244 | 2.40 % |
| 98950 | Workers Compensation | 150 | 150 | 1.48 % |
| 98916 | In-State Medicaid | 147 | 150 | 1.48 % |
| 98930 | Other Self-Administered Plan | 138 | 123 | 1.21 % |
| 98922 | Commercial - HMO | 60 | 45 | 0.44 % |
| 98917 | Out-of-State Medicaid | 63 | 39 | 0.38 % |
| 98915 | CHAMPVA | 8 | 8 | 0.08 % |
| 00000 | Other | 1 | 0 | 0.00 % |
| | Total Discharges | 10589 | 10156 | |

# Kentucky Data Program - Submission Compliance Report

**Facility Name: Guest Ambulatory Facility**
**Data Collection ID: 888888**
**Facility NPI Number: 3**
**Year: 2009**

| Month-QTR | Jan | Feb | Mar | Q1 | Apr | May | Jun | Q2 | Jul | Aug | Sep | Q3 | Oct | Nov | Dec | Q4 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Inpatient Cases** | | | | | | | | | | | | | | | | |
| Reported Cases | 3,012 | 4,233 | 3,161 | 10,406 | 6,245 | 8,084 | 7,857 | 22,186 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Error-Free Cases | | | | | | | | | | | | | | | | |
| % Compliance | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % |
| Cases In Error | | | | | | | | | | | | | | | | |
| Compliant? | No | No | No | No | No | No | No | No | No | No | No | No | No | No | No | No |
| **Total Outpatient Cases** | | | | | | | | | | | | | | | | |
| Reported Cases | 13,285 | 27,565 | 22,427 | 63,277 | 23,068 | 23,929 | 14,649 | 61,646 | 0 | 104 | 0 | 104 | 0 | 105 | 0 | 105 |
| Error-Free Cases | | | | | | | | | | | | | | | | |
| % Compliance | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % |
| Cases In Error | | | | | | | | | | | | | | | | |
| Compliant? | No | No | No | No | No | No | No | No | No | No | No | No | No | No | No | No |
| **Outpatient Surgery Cases** | | | | | | | | | | | | | | | | |
| Reported Cases | 2,720 | 8,582 | 3,572 | 14,874 | 6,200 | 8,541 | 1,948 | 16,689 | 0 | 104 | 0 | 104 | 0 | 105 | 0 | 105 |
| Error-Free Cases | | | | | | | | | | | | | | | | |
| % Compliance | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % |
| Cases In Error | | | | | | | | | | | | | | | | |
| Compliant? | No | No | No | No | No | No | No | No | No | No | No | No | No | No | No | No |

# County of Residence

All Patient Types
1st Quarter 2010

| County of Residence | Q4 2009 | Q1 2010 | |
|---|---|---|---|
| KY - HARDIN | 7733 | 7475 | 73.60 % |
| KY - LARUE | 891 | 866 | 8.53 % |
| KY - MEADE | 564 | 555 | 5.46 % |
| KY - GRAYSON | 245 | 229 | 2.25 % |
| KY - NELSON | 176 | 193 | 1.90 % |
| KY - BRECKINRIDGE | 160 | 143 | 1.41 % |
| KY - HART | 128 | 105 | 1.03 % |
| KY - JEFFERSON | 101 | 100 | 0.98 % |
| KY - BULLITT | 101 | 89 | 0.88 % |
| KY - GREEN | 32 | 39 | 0.38 % |
| KY - TAYLOR | 25 | 26 | 0.26 % |
| KY - MARION | 7 | 13 | 0.13 % |
| KY - BARREN | 7 | 9 | 0.09 % |
| KY - CHRISTIAN | 2 | 9 | 0.09 % |
| IN - CLARK | 9 | 8 | 0.08 % |
| KY - WARREN | 9 | 8 | 0.08 % |
| KY - FAYETTE | 12 | 6 | 0.06 % |
| IN - FLOYD | 11 | 6 | 0.06 % |
| KY - ADAIR | 9 | 6 | 0.06 % |
| TX - BELL | 3 | 5 | 0.05 % |
| KY - DAVIESS | 1 | 5 | 0.05 % |
| KY - OHIO | 1 | 5 | 0.05 % |
| TN - DAVIDSON | 4 | 4 | 0.04 % |
| (unknown) | 3 | 4 | 0.04 % |
| MI - GENESEE | 1 | 4 | 0.04 % |
| KY - SPENCER | 4 | 3 | 0.03 % |
| OH - CUYAHOGA | 4 | 3 | 0.03 % |

# IPOP
*Kentucky Inpatient Outpatient Data Collection System*

## State of Residence

All Patient Types
1st Quarter 2010

| Code | State of Residence | Q4 2009 | Q1 2010 | |
|------|-------------------|---------|---------|-------|
| KY | Kentucky | 10287 | 9942 | 97.89 % |
| IN | Indiana | 46 | 38 | 0.37 % |
| TN | Tennessee | 29 | 18 | 0.18 % |
| OH | Ohio | 21 | 17 | 0.17 % |
| TX | Texas | 16 | 14 | 0.14 % |
| MI | Michigan | 12 | 14 | 0.14 % |
| IL | Illinois | 14 | 13 | 0.13 % |
| GA | Georgia | 12 | 10 | 0.10 % |
| NC | North Carolina | 10 | 8 | 0.08 % |
| FL | Florida | 24 | 6 | 0.06 % |
| AL | Alabama | 14 | 6 | 0.06 % |
| SC | South Carolina | 3 | 6 | 0.06 % |
| VA | Virginia | 9 | 5 | 0.05 % |
| CA | California | 7 | 4 | 0.04 % |
| MO | Missouri | 3 | 4 | 0.04 % |
| WV | West Virginia | 3 | 4 | 0.04 % |
| XX | Unknown or Other | 3 | 4 | 0.04 % |
| WA | Washington | 2 | 4 | 0.04 % |
| IA | Iowa | 1 | 4 | 0.04 % |
| NY | New York | 7 | 3 | 0.03 % |
| WI | Wisconsin | 6 | 3 | 0.03 % |
| AZ | Arizona | 2 | 3 | 0.03 % |
| KS | Kansas | 2 | 3 | 0.03 % |
| LA | Louisiana | 2 | 3 | 0.03 % |
| MS | Mississippi | 2 | 3 | 0.03 % |
| NV | Nevada | 1 | 3 | 0.03 % |
| PA | Pennsylvania | 13 | 2 | 0.02 % |

# Race of Patient

All Patient Types

1st Quarter 2010

| Code | Race of Patient | Q4 2009 | Q1 2010 | |
|------|-----------------|---------|---------|---------|
| R5 | White | 9044 | 8670 | 85.37 % |
| R3 | Black or African American | 1263 | 1213 | 11.94 % |
| R4 | Native Hawaiian or Pacific Islander | 231 | 209 | 2.06 % |
| R2 | Asian | 42 | 40 | 0.39 % |
| R9 | Other | 9 | 23 | 0.23 % |
| R1 | American Indian or Alaska Native | 0 | 1 | 0.01 % |
| | **Total Discharges** | **10589** | **10156** | |

# 837 Appendix

This appendix contains special tips and examples for handling 837 files for submission of patient discharge data according to Kentucky's requirements.  The following pages provide some general information, tips for handling specific submission situations, and an example of an entire 837 file for reference purposes.

KHA accepts 837I files in the standard 837 format.  The file is processed through an 837 reader and data elements are extracted and loaded into KENTUCKY IPOP tables.  In order for the reader to process the file and find the necessary data elements, the records must be in the full standard 837 format preceded by a header segment and ending with a trailer segment.

Submitting Multiple NPIs within a File

Multiple headers and trailers can be sent within the same file if the facility chooses to send data for multiple NPI numbers.

> It may be necessary to use multiple headers and trailers if the facility is using a Master NPI and an NPI Sub-ID obtained to differentiate a separate unit within the facility, such as Psych or Rehab
> There must be three trailer segments, (SE, GE, and IEA), followed by the header segments and facility information segments with the additional NPI number in the NM1*85 segment.
> The same scenario could be used if the facility chooses to send a file that contains information on more than one facility in the same file.
> There must be a trailer record at the end of every file.

The NM1*85 segment is the only segment that is read for the facility NPI.  The rest of the segments must be present and populated in order for the reader to read the file.  However, the only piece of information collected in that segment is the facility NPI number in the NM1*85 segment.
At the very end of the ISA segment, note that there is an alpha character added.  This is called a Usage Indicator.  T is for Test and P is for Production.  The proper usage indicator must be present for the environment to which you are sending or the file will not process.

# 837 Header and Trailer Examples

See examples of the Header and Trailer below.
> Note:  The Bolded Italic areas, as they apply to the above notes.

Header:

```
ISA*00          *00*          *ZZ*123456789          *ZZ*123456789
*090106*0901*U*00401*000075980*1*7*:~
GS*HC*MY HOSPITAL*12345678*20090106*0901*1*X*004010X096A1~
ST*837*0001~
BHT*0019*00*75980*2000106*090100*CH~
REF*87*004010X096A1~
NM1*41*2*MY HOSPITAL MED*****46*362170152~
PER*IC*PAUL SMITH*TE*530-726-2514 EXT 137~
NM1*40*2*IHCCC*****46*12345678~
HL*1**20*1~
PRV*BI*ZZ*282N00000X~
NM1*85*2*MY HOSPITAL MED*****XX*1151000000~
N3*2501 NELSON MILLER PARKWAY~
N4*LOUISVILLE*KY*402536629~
REF*1C*123456~
REF*EI*123456789~
REF*G5*MHCC~
NM1*87*2*MY HOSPITAL MED*****XX*115100000000~
N3*PO BOX 123456~
N4*CHICAGO*IL*60678~
REF*1C*123456~
REF*EI*123456789~
REF*G5*MHCC~
```

Trailer

```
SE*196902*0001~
GE*1*1~
IEA*1*000075980~
```

**Records in which the patient is not the subscriber**

There are two HL segments

- The first one ends in a 1, indicating that there is an additional subordinate HL data segment in this record.  The information in this loop is for the subscriber, who is not the patient.
- The second HL segment ends in a 0, indicating that this loop contains information about the patient, who is different from the subscriber.

It is important to note that KENTUCKY IPOP reader needs this information to determine from which loop to read the information.  Having this configured improperly will either result in a rejection stating "birth date and sex blank" or cause the record to not be recognized at all.

**HL\*1994\*1730\*22\*1~**
SBR\*P\*\*004404118~
NM1\*IL\*1\*SMITH\*JAMES\*\*\*\*MI\*005555555~
NM1\*PR\*2\*CIGNA POS\*\*\*\*\*XX\*98912~
N3\*PO BOX 15041~
N4\*LOUISVILLE\*KY\*406124601~
**HL\*1995\*1994\*23\*0~**
PAT\*19~
NM1\*QC\*1\*SMITH\*NOAH\*BABY\*\*\*MI\*005555555~
N3\*171 STATE ST~
N4\*LEXINGTON\*KY\*40217~
DMG\*D8\*20081207\*F\*S\*R5:E2~
CLM\*bbbbbbbbbb\*61895.75\*\*\*11:A:1\*Y\*A\*Y\*Y\*\*\*\*\*\*\*\*\*N~
DTP\*096\*TM\*1620~
DTP\*434\*RD8\*20081207-20081223~
DTP\*435\*DT\*200812070009~
CL1\*4\*5\*06~
REF\*G1\*005991115IP~
REF\*EA\*M000660976~
K3\*POA1YYYYYYNY1Z~
HI\*BK:V3101\*BJ:V3101~
HI\*DR:790~
HI\*BF:769\*BF:78032\*BF:77989\*BF:76518\*BF:53081\*BF:76527\*BF:7742\*B
F:7793\*BF:7813\*BF:V053~
HI\*BR:9671:D8:20081207~
HI\*BQ:9929:D8:20081207\*BQ:9983:D8:20081208\*BQ:9604:D8:20081207\*
BQ:9955:D8:20081217~
HI\*BH:11:D8:20081207~
HI\*BE:54:::2180~
QTY\*CA\*16\*DA~

NM1*71*1*JONES*MARY*M***XX*200010019~
REF*0B*KY12345
NM1*72*1*JONES*MARY*M***XX*200010019~
REF*OB*KY12345
LX*1~
SV2*0173**47145*DA*15*3143~
LX*2~
SV2*0174**3773*DA*1*3773~
LX*3~
SV2*0250**1733*UN*15~
LX*4~
SV2*0258**25*UN*5~
LX*5~
SV2*0259**10.75*UN*2~
LX*6~

**Records with Three Insurances**

Example:

HL*53*1*22*0~
**SBR*P*18*999999******MC~**
**NM1*IL*1*JONES*NOAH*L***MI*123123123A~**
**N3*123 CENTER ST~**
**N4*LOUISVILLE*KY*40217*USA~**
**DMG*D8*19280828*M*W*R5:E2~**
**NM1*PR*2*MEDICARE*****XX*98910~**
**N3*PO BOX 54321~**
**N4*LEXINGTON*KY*429218606~**
NM1*QD*1*JONES*NOAH*L~
N3*123 CENTER ST~
N4*ITLTON*IL*61833~
CLM*YYYYYYYYYYYY*41067.5***11:A:A***Y~
DTP*096*TM*1229~
DTP*434*RD8*20090129-20090203~
DTP*435*DT*200901290350~
CL1*1*7*01~
AMT*C5*1240.41~
REF*EA*DA00255689~
K3*POAYYYYYYYYYYYYYYYYZ~
HI*BK:42731*BJ:42731~
HI*DR:309~
HI*BF:1629*BF:496*BF:27651*BF:1983*BF:2875*BF:2639*BF:7140*BF:790
7*BF:5990*BF:2449*BF:78701*BF:4019~
HI*BF:0414~
HI*BH:11:D8:20090128~
HI*BG:P1~
QTY*CA*5*DA~
NM1*71*1*DOCTOR*ROCK***MD*XX*9876543219~
REF*08*063070451~
**SBR*S*18*999999~**
**DMG*D8*19289828*F~**
**NM1*1L*1*JONES*NOAH*L***MI*987654321~**
**N3*123 CENTER ST~**
**N4*LOUISVILLE*KY*40217*USA~**
**NM1*PR*2*BCBS*****PI*98920~**
**N3*PO BOX 11~**
**N4*DES MOINES*IA*50301~**
**NM1*QC*1******MI*987654321~**
**SBR*T*01*999999*RETMITLITARY~**

**DMG*D8*19270402*M~**
**NM1*IL*1*JONES*NOAH*L****MI*334242552~**
**N3*123 CENTER ST~**
**N4*LOUISVILLE*KY*40217*USA~**
**NM1*PR*2*TRICARE FOR LIFE WPS*****PI*98914~**
**N3*PO BOX 1234~**
**N4*MADISON*WI*537077890~**
**NM1*QC*1******MI*123456789~**
LX*1~
SV2*0200**10308*DA*3*3436~
LX*2~
SV2*0214**3160*DA*2*1580~
LX*3~
SV2*0250**7402.82*UN*39~
LX*4~
SV2*0258**506.28*UN*104~
LX*5~
SV2*0270**694.5*UN*29~
LX*6~
SV2*0271**409.5*UN*3~
LX*7~
SV2*0300**295.8*UN*19~
LX*8~
SV2*0301**5339.8*UN*28~
LX*9~
SV2*0305**1205.9*UN*8~
LX*10~
SV2*0306**1010*UN*9~
LX*11~
SV2*0307**103.2*UN*1~
LX*12~
SV2*0324**247.4*UN*1~
LX*13~
SV2*0410**1664*UN*21~
LX*14~
SV2*0430**63*UN*1~
LX*15~
SV2*0434**242.6*UN*1~
LX*16~
SV2*0450**4685.6*UN*10~
LX*17~
SV2*0480**2344.7*UN*3~
LX*18~
SV2*0730**1099.2*UN*6~

LX*19~
SV2*0960**176.6*UN*3~
LX*20~
SV2*0985**108.6*UN*6~

## Outpatient Record

Note the following items on the outpatient record:

1. Dates appear in each line item in the DPT segment
2. All the CPT® codes and the dates must appear in the HI segment as well as the SV2 segments
3. The LX segments must follow each other numerically or the charges will not add up
4. On an 837 the total charge is in the CLM segment

Example:

HL*2*1*22*0~
SBR*P*18*******09~
NM1*IL* *JONES*JOYCE****MI*111111111~
N3*12345 OAK RD~
N4*LOUISVILLE*KY*40253~
DMG*D8*19320110*F*R5:E2~
NM1*PR*2*MEDPAY*****PI*98918~
NM1*QD*1*JONES*JOYCE~
N3*12345 OAK RD~
N4*LOUISVILLE*KY*40253~
CLM*H XXXXXXXXXX***6940.15**\*13:A:1*Y**Y*Y*********N~
DTP*096*TM*0600~
DTP*434*RD8*20090306-20090306~
DTP*435*DT*200903060600~
CL1*3*1*01~
REF*EA*152652~
HI*BK:36610*ZZ:36610~
HI*BP:66984:D8:20090306~
NM1*71*1*DOCTOR*SPOCK****XX*1234567891~
REF*1G*D33977~
NM1*72*1*DOCTOR*SPOCK****XX*123456789~
REF*1G*D33977~
LX*1~
SV2*0250**626.65*UN*13~
**DTP*472*D8*20090306~**
LX*2~
SV2*0276**386*UN*1~
**DTP*472*D8*20090306~**
LX*3~
**SV2*0361*HC:66984*4229*UN*1~**
**DTP*472*D8*20090306~**
LX*4

SV2*0370**333*UN*6~
**DTP*472*D8*20090306~**
LX*5~
SV2*0710**1365.5*UN*1~
**DTP*472*D8*20090306~**

## 837 Data Elements

Listed below are the 837 segments from which KENTUCKY IPOP extracts information, along with some additional clarification to help you when viewing your files to determine why data elements are not being recognized. There are some EDI editors available if you search the internet. However, the 837 files can be opened in notepad.

Examples:

SBR*P***18*X123456***BC/BS*****121~
- 1ST Insurance Group Number
- P = qualifier for Primary
- 2nd and 3rd appear later in the file (S=Secondary; T=Tertiary)
- Relationship to the insured for destination payer when FL59 = 18
  And for non-destination payer with any valid code in FL59

PAT***19*****01*145~
- For destination payer when FL59 is not = 18

NM1*IL***SMITH*JOHN*****MI*P12740041~
- Patient name for KBSR patients only

NM*PR*2***MEDICARE*****PI***98910~
- PR = qualifier for payer
- 2 = qualifier for non person entity
- PI = qualifier for payer identification
- 1st payer name and identification number
- 2nd and 3rd appear later in the file

NM1*IL*1***DOE*JANE*****MI*401234567
- Patient name for KBSR patients only

N3***777 ORCHARD RD**~
- Patient address for KBSR patients only

N4***MOORHEAD*KY*403511179**~
- Zip Code for patient address
- City and State for KBSR patients only

DMG***D8*19300708*F**R9:E2**~
- D8 is qualifier for date (birth date)
- Gender (F, M, U)
- Race/Ethnicity must be separated with a colon (:)

CML***534847212A*94910.00***11**:A:**1***Y*A*Y*Y**AA:AA:AA:KY******N~

- Patient ID number
- Total Charges
- Bill Type – frequency qualifier A:

DTP*096*TM***1100**~

- 096 = qualifier for discharge
- TM = qualifier for time
- Time expressed as HHMM

DTP*434*RD8***20061003-20061018**~

- 434 = qualifier for statement
- RD8 = qualifier for range of dates
- Dates expressed as YYYYMMDD-YYYYMMDD

DTP*435*DT***200610030237~**

- 435 = qualifier for admission
- DT = qualifier for date and time
- Date and Time expressed as YYYYMMDDHHMM

CL1***1*01*63**~

- Admission type
- Admission source
- Patient discharge status code

K3***POAYN1UWZY~**

- Y = Yes
- N = No
- 1 = POA exempt
- U = Unknown
- W = Clinically undetermined
- Z = End of Other / Secondary Diagnosis Codes
- Remaining is for Primary E-Code.  Only one primary E-Code is allowed on the 837.  The remaining E-Codes should be placed in the Other/Secondary Diagnosis code fields and the POA would be located before the Z in the appropriate spot.

REF***EA*175149~**

- EA = qualifier for Medical Record Number for KBSR patients only

HI*BK:**98959**\*BJ:**41400**~

- BK = qualifier for Principal Diagnosis ICD-9
- BJ = qualifier for Admitting Diagnosis ICD-9

- ZZ = qualifier for Patient Reason for Visit Diagnosis ICD-9
- BN = qualifier for E-Codes.  Only 1 E-Code is allowed to be used with the BN qualifier on an 837.  Subsequent E-Codes should be reported in the Other/Secondary Diagnosis Code fields with a BF qualifier.

HI*BF:**99883**\*BF:**42731**\*BF:**2761**\*BF:**V433**\*BF:**41400**\*BF:**4019**\*BF:**2449**\*BF:**28529**~
- BF = qualifier for Other / Secondary Diagnosis Codes

HI*BP:**76086**:D8:**20061006~**
- BR = qualifier for principal inpatient procedure (ICD)
- BP = qualifier for principal outpatient procedure (CPT®)
- D8 = qualifier for principal procedure date
- Date in the format YYYYMMDD

HI*BQ:**7761**:D8:**20061006**\*BQ:**7761**:D8:**20061010**\*BQ:**8382**:D8:**8382**:D8:**20061010**\*BQ:**101006**:D8:**20061010**~BQ:3893:D8:**20061004**~
- BQ = qualifier for other inpatient procedure codes
- BO = qualifier for other outpatient procedure codes
- D8 = qualifier for procedure date
- Date in the format of YYYYMMDD

HI*BE:54:::**5500**~
- BE = qualifier for Value Codes
- 54 = Value Code for birth weight in grams

HI*BG:**P1**~
- BG = qualifier for Condition Codes
- P1 = Do Not Resuscitate (DNR)

NM1*71*1******XX:**2000010142**~
- 71 = qualifier for Attending Clinician
- 1 = qualifier for an individual
- XX = qualifier for NPI

NM1*72*1******XX:**2000010142**~
- 72 = qualifier for Operating Clinician
- 1 = qualifier for an individual
- XX = qualifier for NPI

NM1*73*1******XX:**2000010142**~
- 73 = qualifier for Other Clinician
- 1 = qualifier for an individual
- XX = qualifier for NPI

SBR*S*18***999999~**
- 2<sup>nd</sup> group insurance number if one exists
- S = Secondary

NM1*PR*2***MEDICARE*****98910~**
- PR = qualifier for payer
- 2 = qualifier for non person entity
- PI = qualifier for payer identification
- 1<sup>st</sup> payer name and identification number

SBR*T*18***999999~**
- 3<sup>rd</sup> group insurance number if one exists
- T = Tertiary

NM1*PR*2***SELFPAY*****PI***98918~**
- PR = qualifier for payer
- 2 = qualifier for non person entity
- PI = qualifier for payer identification
- 1<sup>st</sup> payer name and identification number

# Frequently Asked Questions (FAQs)

Batch Submission / Deletion Questions

1. What would cause my batch file to not process successfully?
   There are 5 criterions needed for a batch to be processed:
   - More than half of the records in the batch have Patient Control Numbers that have already been submitted (duplicates)
   - Page Numbers missing – this is specific to the flat file submissions
   - Less than 2500 characters – this is specific to the flat file submissions
   - Missing Facility ID number
   - More than half of the records have a DNR order
2. How do I know when the file has been processed?
   During the uploading of a file you will briefly see an image that indicates the file is uploading.  When the file upload is complete you will be redirected to the Batch Review page.  The file that you have just uploaded will not reflect in the Batch Review screen until it has been processed.
   When the file has been processed you will received an e-mail message advising whether the batch was successful or invalid.  If the batch is successful the message will include the total number of records, total valid records and the total invalid records along with the batch number assigned to your file.

3. How long do I have to wait to submit after I mark a batch to be deleted?
   Batches can be resubmitted immediately.

Editing Questions

4. How do I correct invalid records?
   Return to the Batch Review screen to view the invalid records.  Select View to see the Batch Detail.  Click the "All Errors" window to see a listing of the types of errors that are present in the invalid records.  Select the type of errors you want to correct.  Select Edit next to the record line detail.  The field(s) that contain errors are highlighted in yellow and have a diamond shaped icon next to the field.  Highlight the field to be corrected and type in the correction and click "Update" or hit enter.  If the record is correct the next invalid record will appear.  Continue the process until all invalid records are moved to the valid file.

5. How are diagnoses / procedure/ revenue lines /codes deleted?

Click the red "X" next to the diagnosis/procedure/revenue line that you want to delete. Answer yes to the question "Are you sure you want to delete this line?" The entire line will be removed.

6.  How do I correct POA edits?

POA edits have multiple reasons:

- Edit 3072 – POA code not valid. The POA indicator needs to match those codes as described in manual
- Edit 3074 – POA code on inpatient records only. Outpatient records do not require a POA code.
- Edit 3076 – POA is required for this inpatient diagnosis. All diagnoses on inpatient claims except those on the exempt list must have a valid POA.

7.  How do I correct the error "Invalid physician ID number does not correspond to acceptable values?"

E-mail to KHA the invalid NPI number with the full name of the physician including middle initial and the credential (i.e. MD, DO, PA, etc.). KHA will add the information to the file and return an e-mail message to you stating the NPI has been added to the file.

Verification Process Questions

8.  How do I notify KHA when the data submission is complete for the Quarter?

When you have submitted all the records for the quarter and all the edits are cleared click on the Ready to Verify Quarter button on the Batch Review screen. 14 Verification reports are automatically e-mailed to the Primary and General contacts. Review the reports for accuracy and completeness. Once you are sure the reports are correct, click on the Mark Complete button on the Batch Review Screen. This means that you attest to the data for that quarter.

9.  What if I disagree with the information on the Verification Reports?

Contact KHA with your concern as soon as possible. There is a two-week period allowed to verify the quarterly information. If, during that time, you discover a problem we will fix the data prior to starting production for our output. Depending on the issue identified we will work with hospitals to ensure data accuracy and completeness. It may be that some data concerns will be noted in a README file that is sent to end users. Data discrepancies discovered after production steps have been completed and end users have access will be addressed on an individual basis for corrective action which may or may not result in a charge to the facility to fix inaccuracies.

Technical / IT Questions

10. Can I submit my inpatient data separately from my outpatient data?
As the file format is the same for both inpatient and outpatient data there is no need to submit separate files.  However, the system will allow for separate inpatient and outpatient files to be submitted.  Please note however, that once you mark the quarter complete which indicates you will not be submitting any more data for that quarter you will be unable to submit another batch for that quarter without contacting KHA for assistance.

11. Does this Web submission process ensure that my data is secure?
Security Application includes:
    i. User authentication is employed to verify the identity of users and determine access rights.
    ii. 128 Bit SSL certificate is present on the web server to encrypt communication with users.

# Resources

Contact Information

> Kentucky Hospital Association
> 2501 Nelson Miller Parkway
> PO Box 436629
> Louisville, KY 40253-6629

Helpline

> 1-888-992-4320
> (502) 426-6220

KY IPOP System Website

> https://www.kyipop.org

> This site is used for submission of case data and case counts.  Tutorials are also available at this site.

Statute & Regulations

> Commonwealth of Kentucky
> Cabinet for Health and Family Services
> Office of Health Policy
> 275 E Main Street, 4 W-E
> Frankfort, KY 40621
> (502)-564-9592